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ABSTRACT

This Kids Count Data Book examines statewide trends in the well-being of Alaska's children. The statistical portrait is based on key indicators in six areas: (1) infancy, including prenatal care, low birth weight, and infant mortality; (2) economic well-being, including child poverty, children with no parent working full-time, and teen births; (3) education, including dropout rates, teens not in school and not working, and school achievement; (4) child safety, including child death rate, teen violent death rate, child abuse and neglect, and child injuries; (5) juvenile crime, including arrests for violent crimes; and (6) juvenile crime. Following an introduction describing the uniqueness of Alaska and summarizing the report's findings, the report details the indicators in the areas mentioned above. Among the findings, the report indicates that Alaska fared better than the national average for babies born with low birth weight, infant mortality rate and percentage of teens who drop out of school. Alaska was at or near the national average for percentage of children living in poverty, percentage of single-parent families, and births to teens. Alaska fared worse than the national average for percentage of children with no parent working full-time, teen violent death rate, child death rate, and percentage of teens not in school and not working. The report concludes with suggested family resources and information on the indicator data sources. (HTH)

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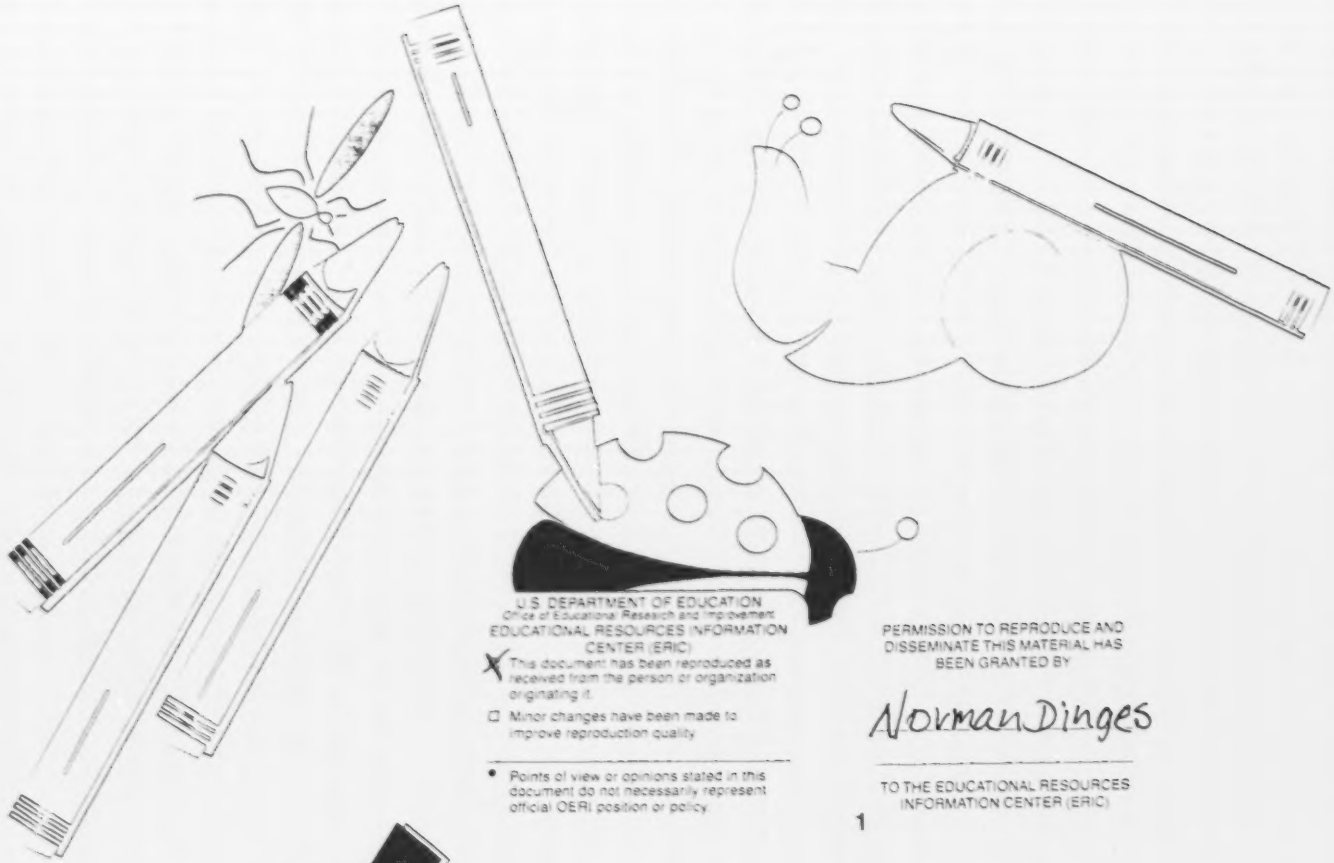

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KIDS COUNT

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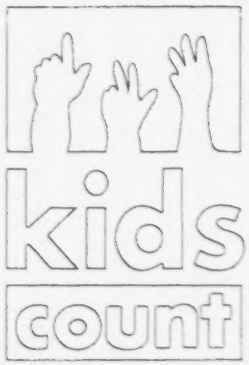
Data Book



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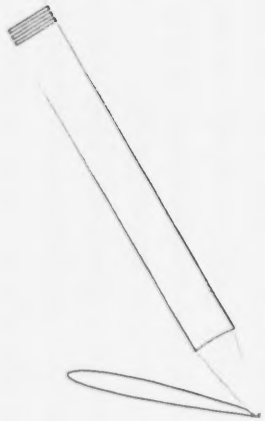

Kids Count is a nationwide program funded by the Annie E. Casey Foundation. The national program collects and publicizes information about the well-being of America's children. The Casey Foundation also sponsors state programs, including *Kids Count Alaska*. Learn more at the national *Kids Count* Web site: www.aecf.org

CHANGES IN 2001

In 2001, the *Kids Count Alaska* project team saw major changes, when the long-time project director, Norman Dinges, suffered a stroke and was unable to continue working.

Our special thanks to Claudia Lampman, a member of the project team since the beginning, who took over as interim director and kept *Kids Count Alaska* on track. Dr. Lampman's contributions over the past year have been invaluable. She worked closely with and advised Virgene Hanna, when Ms. Hanna subsequently became the permanent project director.

We also thank the Annie E. Casey Foundation, for its help and patience in recent months, as we re-built our project team.

ADVISORY COUNCIL

When the *Kids Count Alaska* program began in 1995, an advisory council helped guide the program and select indicators specific to Alaska.

In the coming year, the new project director, Virgene Hanna, will be asking Alaskans to help establish a new advisory council. That council will help us think about how we can continue to improve this data book—and our other efforts to collect, present, and publicize information about the well-being of Alaska's children.

We especially thank State Senator Johnny Ellis, who has taken an interest in the *Kids Count Alaska* program from the start and who continues to review the data book.

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Kids Count Alaska thanks many people and organizations for their help in preparing this data book.

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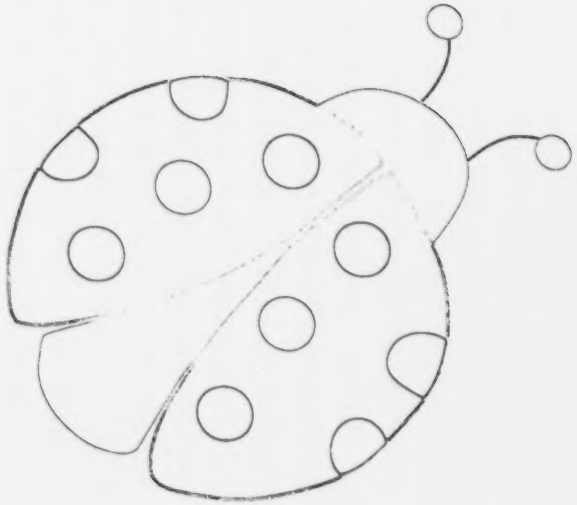


Introduction

Introduction Highlights

WHAT'S UNIQUE ABOUT ALASKA?

Alaska's huge size, geographic isolation, Arctic climate, and vast roadless expanses make it unlike any other state. It is stunningly beautiful, but likewise dangerous—with sudden weather changes and hazardous conditions always at hand.

Half the terrain in Alaska is tundra, and mountains and glaciers cover large areas. There are hundreds of miles of coastline and thousands of lakes and rivers. Because Alaska is so far north, much of the state is underlain by permafrost—permanently frozen ground.

Alaska became a state only in 1959—and even then, many Americans thought it was a mistake to grant statehood to a place so far north, with so few people, and a fragile economy that relied on military activities and a handful of resource industries.

Today, largely as a result of North Slope oil development, Alaska has three times the people and five times the jobs it had 40 years ago. Most of the growth has been in a handful of urban areas. Nearly 70 percent of Alaskans live in or near Anchorage, Fairbanks, and Juneau.

So a majority of Alaskan children live in urban areas, and despite the state's different geography and climate, most now grow up with about the same amenities and services as other American children enjoy.

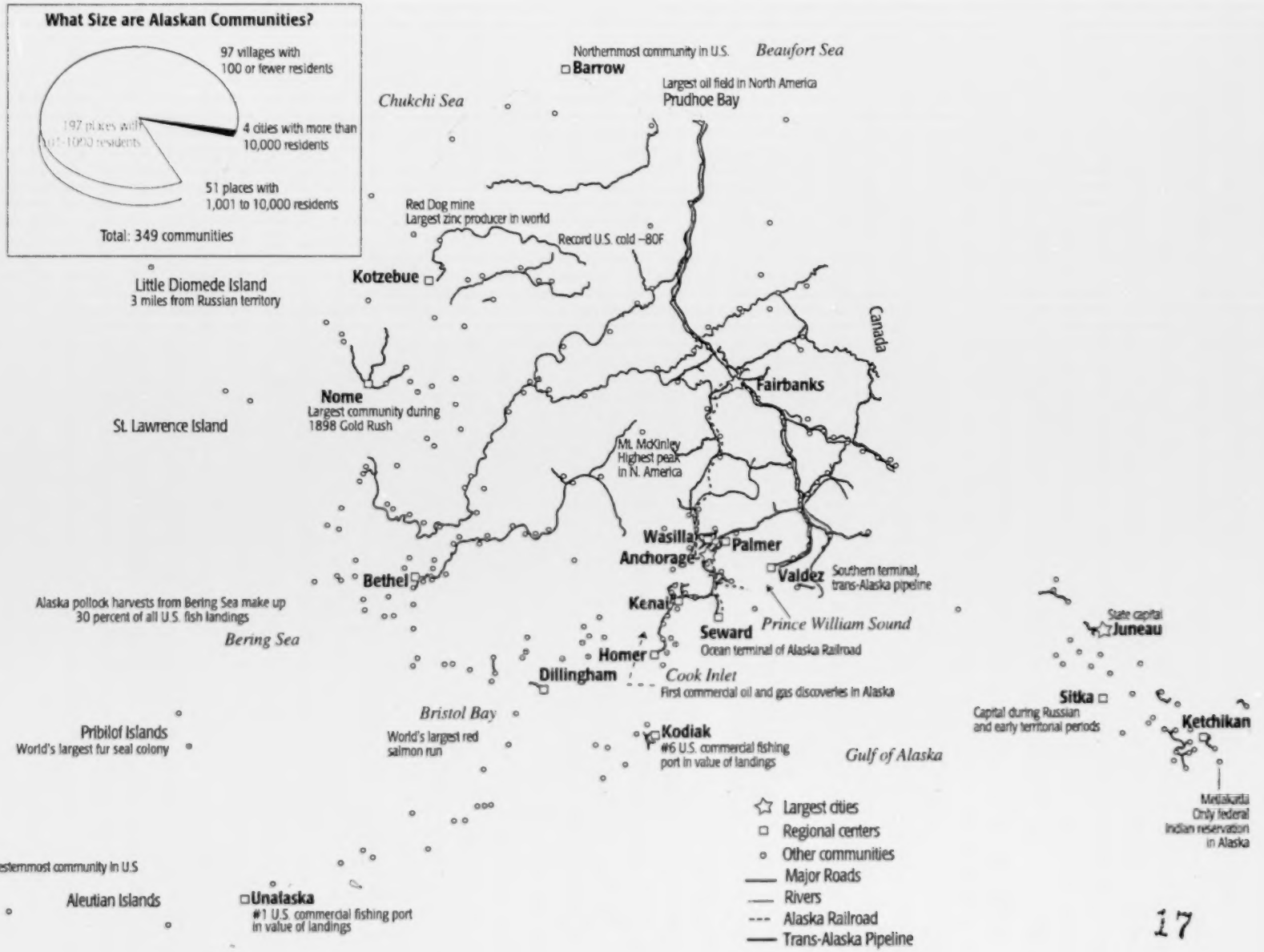
But there are also hundreds of small villages—many accessible only by air or water—and dozens with fewer than 100 residents. Most residents of these villages are Alaska Natives. Children living in small isolated places lead much different lives from those in bigger communities on the road system. Many villages still lack adequate water and sewer systems, and some still rely on honey buckets. In the past 20 years, state and federal agencies have built sanitation systems in many rural places–but it's an enormous and ongoing job. Part of the problem is that many areas of Alaska require specially adapted systems that are very expensive to build and operate.

Incomes in most villages are low, and jobs are scarce. At the same time, costs of living are high, partly because it's so expensive to get supplies to small, remote locations. Costs of building and maintaining schools, community facilities, and houses are also high. Wild fish and game remain important sources of food.

Whether living in cities or villages, all children in Alaska face some special risks posed by very cold weather, dangerous waterways, and other hazards. Alaska's children and adolescents drown or die in fires more frequently than children elsewhere. The child death and teen violent death rates are far above U.S. averages.

Rural children—who are mostly Alaska Native—are at especially high risk of being hurt or killed in accidents. And a staggering share of young people in rural areas commit or attempt suicide. In several regions, suicide and attempted suicide were the leading causes of death and serious injury among those 19 and under in the late 1990s.

In this data book, we look at (1) the indicators of children's well-being the *Kids Count* program uses nationwide; and (2) other measures that reflect conditions Alaskan children face—and that illustrate the sharp differences among regions of a state twice the size of the original 13 American colonies.


What Size are Alaskan Communities?
97 villages with 100 or fewer residents
4 cities with more than 10,000 residents
51 places with 1,001 to 10,000 residents
Total: 349 communities
Northernmost community in U.S.
Barrow
Beaufort Sea
Chukchi Sea
Largest oil field in North America
Prudhoe Bay
Red Dog mine
Largest zinc producer in world
Record U.S. cold –80F
Kotzebue
Little Diomede Island
3 miles from Russian territory
Canada
Fairbanks
Nome
Largest community during 1898 Gold Rush
St. Lawrence Island
Mt. McKinley
Highest peak in N. America
Wasilla
Palmer
Anchorage
Valdez
Southern terminal, trans-Alaska pipeline
Bethel
Alaska pollock harvests from Bering Sea make up 30 percent of all U.S. fish landings
Kenai
Prince William Sound
Seward
Ocean terminal of Alaska Railroad
Bering Sea
Homer
Dillingham
Cook Inlet
First commercial oil and gas discoveries in Alaska
State capital
Juneau
Sitka
Capital during Russian and early territorial periods
Ketchikan
Bristol Bay
World's largest red salmon run
Kodiak
#6 U.S. commercial fishing port in value of landings
Gulf of Alaska
Pribilof Islands
World's largest fur seal colony
Metlakatla
Only federal Indian reservation in Alaska
Largest cities
Regional centers
Other communities
Major Roads
Rivers
Alaska Railroad
Trans-Alaska Pipeline
Westernmost community in U.S.
Aleutian Islands
Unalaska
#1 U.S. commercial fishing port in value of landings

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WHAT IS KIDS COUNT ALASKA?

The *Kids Count Alaska* program is part of a nationwide effort, sponsored by the Annie E. Casey Foundation, to collect and publicize information about children's health, safety, and economic status. The goals of *Kids Count Alaska* are to:

- Present additional indicators important to Alaska
- Report regional figures for indicators, where available
- Broadly distribute information about the status of Alaska's children
- Create an informed public, motivated to help children
- Enhance efforts to improve the lives of Alaska's children and families

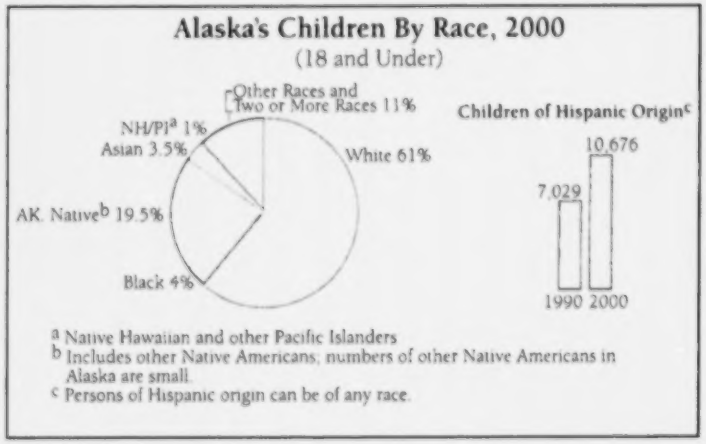
ALASKA'S CHILDREN BY REGION AND RACE

The adjacent table and the map on the facing page show how Alaska's 203,000 children are divided by age, sex, race, and region.

The geography, climate, economy, and level of development differ in each region of Alaska. Anchorage and the adjacent Mat-Su Borough are more urbanized (although areas of the borough are still quite rural); the Gulf Coast region includes many fishing communities, as does the Southeast region (where the state capital, Juneau, is also located). The Southwest, Northern, and Interior regions mostly have smaller, scattered communities (with the exception of Fairbanks and the surrounding area in the Interior). The Southwest depends heavily on fishing; the Northern region has oil development and mining, as does the Interior.

ALASKA'S CHILDREN BY AGE AND SEX, 1990 AND 2000

	1990			2000			
	Total		Male	Female	Total		Male	Female
Total Alaska Population	550,043		289,868	260,175	626,900		324,112	302,820
Children by Age	**Number**	**Percent**			**Number**	**Percent**		
Under 1	11,963	6.6%	6,109	5,854	9,953	4.9%	5,089	4,864
1-4	44,014	24.5%	22,616	21,398	41,158	20.3%	21,199	19,959
5-9	51,508	28.6%	26,543	24,965	55,574	27.4%	28,287	27,287
10-14	42,939	23.9%	22,333	20,606	56,006	27.6%	28,818	27,188
15	7,652	4.3%	4,021	3,631	10,534	5.2%	5,373	5,161
16	7,341	4.1%	3,786	3,555	10,589	5.2%	5,470	5,119
17	7,453	4.1%	3,887	3,566	9,829	4.8%	5,191	4,638
18	7,069	3.9%	3,834	3,235	9,325	4.6%	4,831	4,494
Total 18 and under	**179,939**	**100%**	**93,129**	**86,810**	**202,968**	**100%**	**104,258**	**98,710**


Alaska's Children By Race, 2000
(18 and Under)
Other Races and Two or More Races 11%
NH/PI[a] 1%
Asian 3.5%
White 61%
AK. Native[b] 19.5%
Black 4%
Children of Hispanic Origin[c]
10,676
7,029
1990 2000
[a] Native Hawaiian and other Pacific Islanders
[b] Includes other Native Americans; numbers of other Native Americans in Alaska are small.
[c] Persons of Hispanic origin can be of any race.

Source: *U. S. Bureau of the Census*

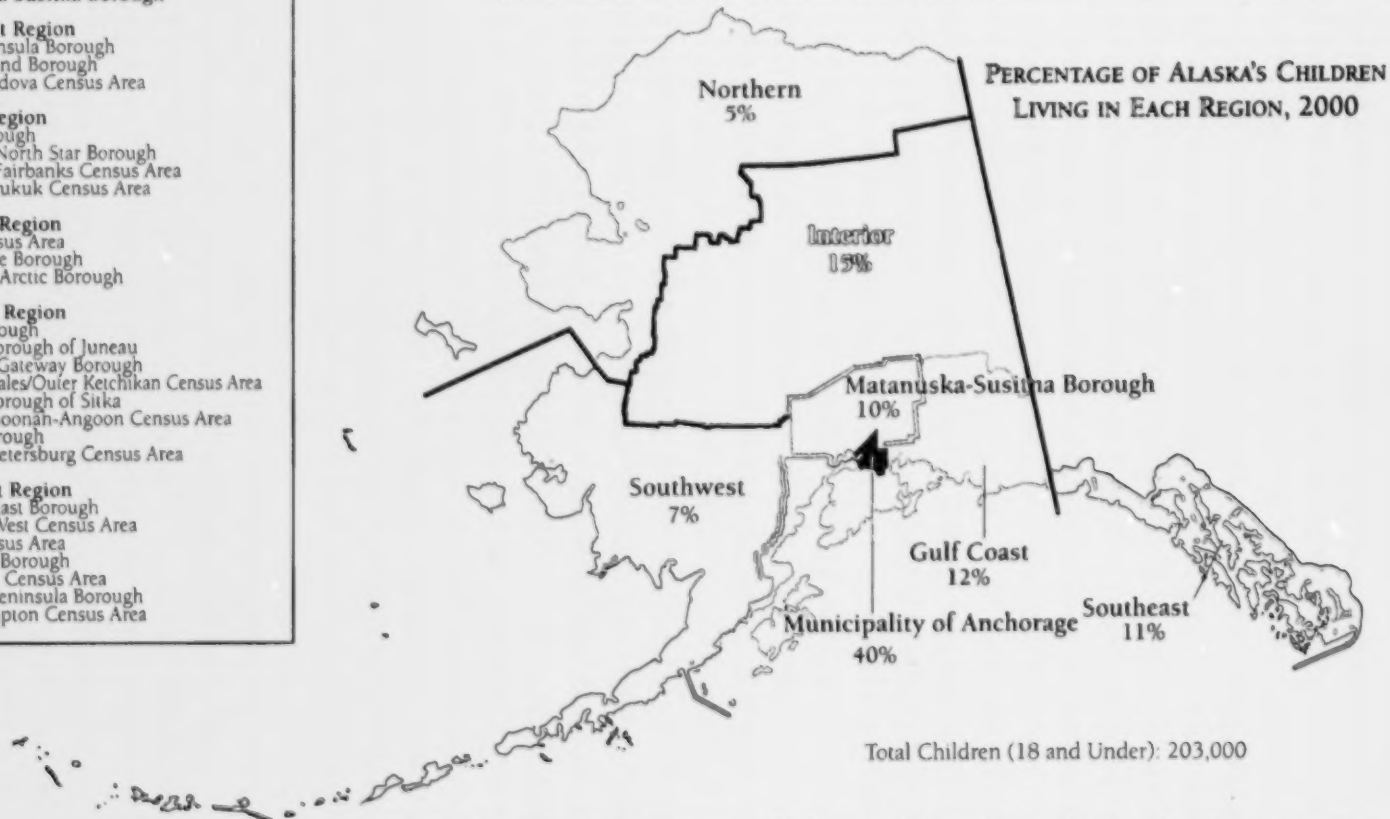
RACIAL COMPOSITION OF CHILDREN, BY REGION, 2000
(In Percentages)

	White	Alaska Native	Black	Asian/PI	Two / More Races
Anchorage	64%	8%	7%	7%	14%
Mat-Su	83%	7%	<1%	<1%	9%
Gulf Coast	75%	11%	<1%	5%	8%
Interior	68%	14%	6%	2%	10%
Northern	8%	83%	<1%	2%	7%
Southeast	62%	21%	<1%	4%	13%
Southwest	9%	82%	<1%	1%	7%

Boroughs and Census Areas, by Region

- **Municipality of Anchorage**
- **Matanuska-Susitna Borough**
- **Gulf Coast Region**
  - Kenai Peninsula Borough
  - Kodiak Island Borough
  - Valdez-Cordova Census Area
- **Interior Region**
  - Denali Borough
  - Fairbanks North Star Borough
  - Southeast Fairbanks Census Area
  - Yukon-Koyukuk Census Area
- **Northern Region**
  - Nome Census Area
  - North Slope Borough
  - Northwest Arctic Borough
- **Southeast Region**
  - Haines Borough
  - City and Borough of Juneau
  - Ketchikan Gateway Borough
  - Prince of Wales/Outer Ketchikan Census Area
  - City and Borough of Sitka
  - Skagway-Hoonah-Angoon Census Area
  - Yakutat Borough
  - Wrangell-Petersburg Census Area
- **Southwest Region**
  - Aleutians East Borough
  - Aleutians West Census Area
  - Bethel Census Area
  - Bristol Bay Borough
  - Dillingham Census Area
  - Lake and Peninsula Borough
  - Wade Hampton Census Area

PERCENTAGE OF ALASKA'S CHILDREN LIVING IN EACH REGION, 2000



Total Children (18 and Under): 203,000

Note: These regions are the same as those the Alaska Department of Labor uses for reporting population and employment.

How Does Alaska Compare with U.S.?

Alaska's rates of low-birth-weight babies, infant mortality, and high-school dropouts were better than the U.S. average in 1998 (see facing page). But Alaska's child and teen death rates were among the highest in the nation. On several other measures—including the teen birth rate—Alaska stood at about the national norm.

Interpreting the Indicators

(Adapted from Utah Kids Count 1999 Data Book)

The indicators are presented as either percentages or rates per 1,000 or per 100,000. Using rates—and percentages are simply rates per 100—allows us to compare groups or track trends.

Keep in mind that the base rates differ among indicators. Generally we use a smaller base (the rate per 100) for the most common events and a larger base (rates per 1,000 or 100,000) for less common events.

This allows us to present the rates in whole numbers, which are easier to understand than fractions. For instance, we present the poverty indicator as a percentage—because poverty is unfortunately widespread. In contrast, the numbers of children who die each year are (mercifully) much smaller, so we present the child death rate in numbers per 100,000.

We calculate rates by taking the number of incidents in any given category (for example, the number of high-school dropouts), dividing it by the total number of children in the category (all teenagers age 16-19 in the state), and multiplying—depending on the base—by 100, 1,000, or 100,000. The example in the next column shows different calculations, if 5 teenagers among 500 dropped out of school.

$$\frac{\text{Number of Dropouts}}{\text{Total teenagers 16-19}} \times \text{Multiplier}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 1{,}000 = 10 \text{ dropouts per } 1{,}000 \text{ teenagers}$$

$$\frac{5 \text{ dropouts}}{500 \text{ teenagers}} \times 100 = 1 \text{ percent of teenagers drop out}$$

Effects of Small Population

Keep in mind that only about 203,000 children (18 and under) live in Alaska. Some regions have just 10,000 or 15,000 children—and those numbers get much smaller when you break them down by sex, race, or age. Those small numbers have implications for statistics:

- *Rates for most indicators are based on a small number of actual events. So a small change in the number of events can make a big change in the rate.* The table on the facing page shows, for instance, that Alaska's teen violent death rate in 1998 was based on 40 actual deaths statewide. If that number goes up or down, it can sharply change the rate of teen violent death. That's why, on the trend graph for teen violent death (page 50), the Alaska rate fluctuates sharply from year to year.

- *In any given region, numbers of events will be even smaller—which means that the regional rates also fluctuate sharply with small changes in numbers.* To minimize chance variations, we use 5-year averages for most of our regional indicators. But even then, the rates are based on small numbers.

- *Some of the indicators are based on samples—and samples drawn from a small, geographically-dispersed population like Alaska's are especially subject to error,* if they're not carefully drawn and weighted to accurately represent the entire population.

About the Indicators

A few important points about the indicators are worth emphasizing at the outset.

- **Indicators don't measure the effectiveness of particular programs**. They are broad indications of social conditions rather than specific measures of program performance.

- **Regional indicators are mostly averages for the period 1995-1999.** We used more recent data when available.

- **Not all areas or communities** within a region have the same indicator levels as the region as a whole.

Organization of the Data Book

Next—on pages 14 through 16—we highlight some of the data discussed in more detail later in the book. Then we present five sections of indicators: Infancy, Economic Well-Being, Education, Children in Danger, and Juvenile Crime.

Notes for the indicators are at the end of each section. Several sections also include descriptions of special programs or other information that helps shed light on the indicator.

ALASKA AND U.S. AVERAGE, 1998 NATIONAL KIDS COUNT INDICATORS

	U.S. Rate	U.S. No. of Cases	Alaska Rate	Alaska No. of Cases	Alaska Rank in U.S.
Alaska Better Than National Average					
Babies with Low Birth Weight	7.6%	298,208	6.0%	593	7th
Infant mortality rate (per 1,000 live births)	7.2	28,371	5.9	59	7th
Percentage of teens (ages 16-19) who drop out of school	9.0%	1,487,000	7.0%	3,000	9th
Alaska At or Near National Average					
Percentage of children living in poverty[a]	20%	14,113,100	16%	32,000	19th
Percentage of single-parent families	27%	9,371,000	27%	23,000	22nd
Births to teens (per 1,000 girls 15-17)[b]	30	173,231	25	386	22nd
Alaska Worse Than National Average					
Percentage of children with no parent working full-time[c]	26%	18,958,000	29%	60,000	40th
Teen violent death rate (per 100,000 teens 15-19)[d]	54	10,638	74	40	41st
Child death rate (per 100,000 children 1-14)[d]	24	13,042	30	45	42nd
Percentage of teens not in school and not working	8%	1,306,000	10%	4,000	37th

[a] Based on the U.S. Census Bureau's poverty threshold figures, which are not adjusted for Alaska's higher living costs and may underestimate poverty in Alaska.

[b] Before 1993, this indicator measured the rate of births to teenage girls 15-19. The Alaska regional figures later in this book are based on that previous definition.

[c] The national *Kids Count* program added this indicator in its 1999 data book. We have not calculated regional breakdowns for Alaska because the definition of full-time employment does not take into account different employment patterns in rural Alaska.

[d] Remember that these rates are based on small numbers of deaths and can therefore fluctuate sharply from year to year.

Note: Alaska figures in this table may differ from later figures in the regional graphs. The figures above are from the national *Kids Count* program; our regional figures may be based on different years and are sometimes measured differently.

Source: Annie E. Casey Foundation, *Kids Count Data Book*, 2001.

This data book has some good news and some alarming news about the health and well-being of Alaska's children and teenagers in recent times. The information comes from many sources. Our contribution is pulling it all together and looking at trends—to tell a story that we hope will help Alaskans think about how to make life safer and healthier for children.

Infant Mortality, Child Abuse, Teen Violent Death, and Birth Rates Down

Figures from the Alaska Bureau of Vital Statistics and the Division of Family and Youth Services show improvements over the 1990s.

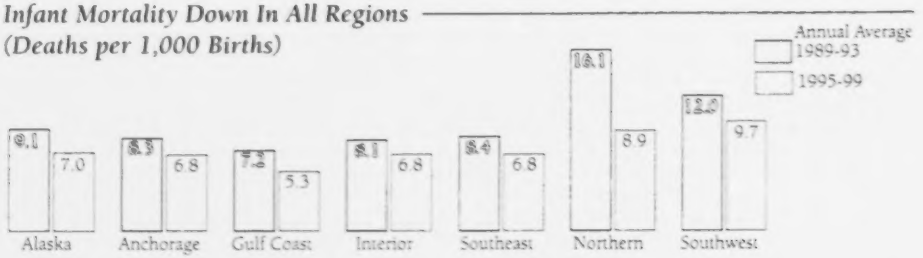
- *Infant mortality dropped in all regions between the early and the late 1990s.* The biggest drop was in the Northern region, where rates dropped by nearly half.

- *Teenage girls of all races became much less likely to have babies during the 1990s*—rates dropped by about half among White and Asian girls and between 20 and 30 percent among Black and Alaska Native girls.

- *Rates of substantiated child abuse declined among all races between the beginning and the end of the 1990s.* Abuse of White and Black children dropped by about 25 percent and of Alaska Native children close to 10 percent. Still, rates of abuse remain high among Native and Black children.

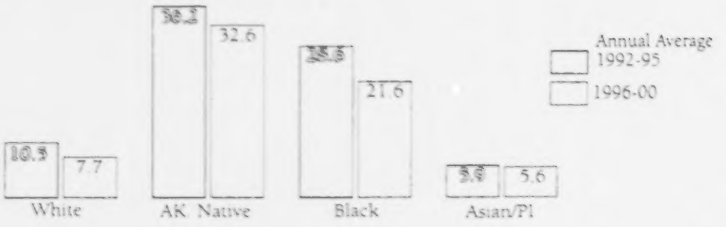
- *Fewer teenagers died violently, with the statewide rate down more than 25 percent* from the early to the late 1990s. (Still, Alaska's rate remains far above the national average.) All regions except the Southwest saw substantial declines. In the Northern region, the rate dropped 20 percent—but was still nearly three times the state average.

Infant Mortality Down In All Regions
(Deaths per 1,000 Births)

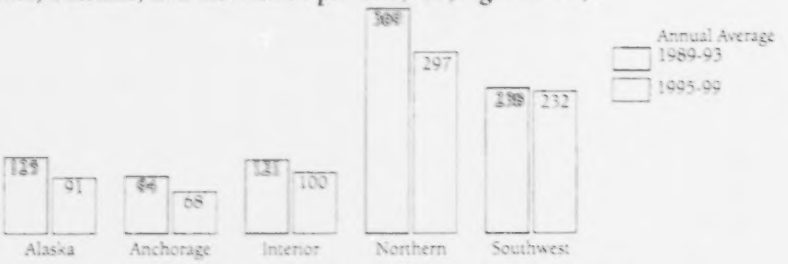


Teen Birth Rates Decline Among All Races
(Rate per 1,000 Girls 15-19)

Child Abuse Down Among All Races
(Substantiated Rates per 1,000 Children under 18)



Fewer Teens Dying Violently, But Rates Still High
(Accidents, Suicides, and Homicides per 100,000, Ages 15-19)



Source: *Alaska Department of Health and Social Services, various divisions*

JUVENILE CRIME DOWN

Figures of the Alaska Division of Juvenile Justice show that overall juvenile crime (including all types of crime) was down throughout Alaska from the early to the late 1990s. (But violent crime remained high; see page 63.)

Analysts attribute the improvement at least in part to changes in Alaska's juvenile justice system in the late 1990s. Those changes made information about juveniles more readily available; emphasized juvenile accountability for crimes; and encouraged community involvement.

INJURIES, SUICIDES HIGH IN RURAL AREAS

The Alaska Department of Health and Social Services reports that from 1994-1998, rural children were two to three times more likely to be hurt or killed by injuries than urban children (see page 57). The map shows:

- *Suicides and suicide attempts were the leading cause of death and serious injury* among those 19 and under in the Northwest Arctic, the Interior, the Fairbanks North Star Borough, Norton Sound, and the Yukon-Kuskokwim. They accounted for about 20 percent of injuries and deaths; virtually all were among those ages 15 to 19.

- *Falls were the leading cause of injuries in much of Southcentral and Southeast Alaska*, accounting for about 22 percent of deaths and serious injuries. In the Mat-Su Borough, car and truck accidents caused the most injuries—about 26 percent.

- *On the North Slope and in the Bristol Bay area, accidents with all-terrain vehicles and snowmachines* combined were the leading cause of deaths and injuries among children, accounting for more than 20 percent of serious and fatal injuries.

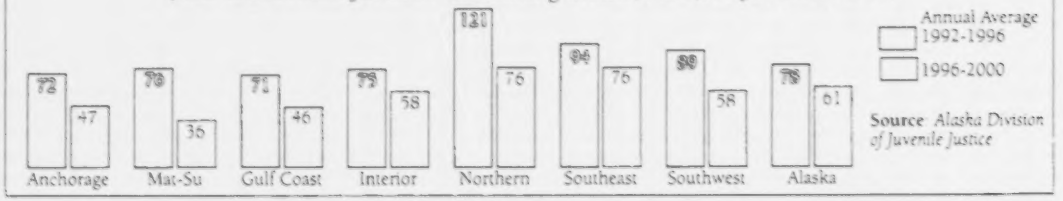
POVERTY WIDESPREAD AMONG CHILDREN

One measure of poverty among Alaska's children is the percentage from families that rely on public assistance. The map on page 27 shows figures for each of Alaska's 53 school districts.

On average statewide, 20 percent of school children came from families receiving public assistance in the 1999-2000 school year. But there was a huge range among the state's districts, with less than 5 percent in a few districts and 50 to 60 percent in some.

Juvenile Crime Down in the 1990s

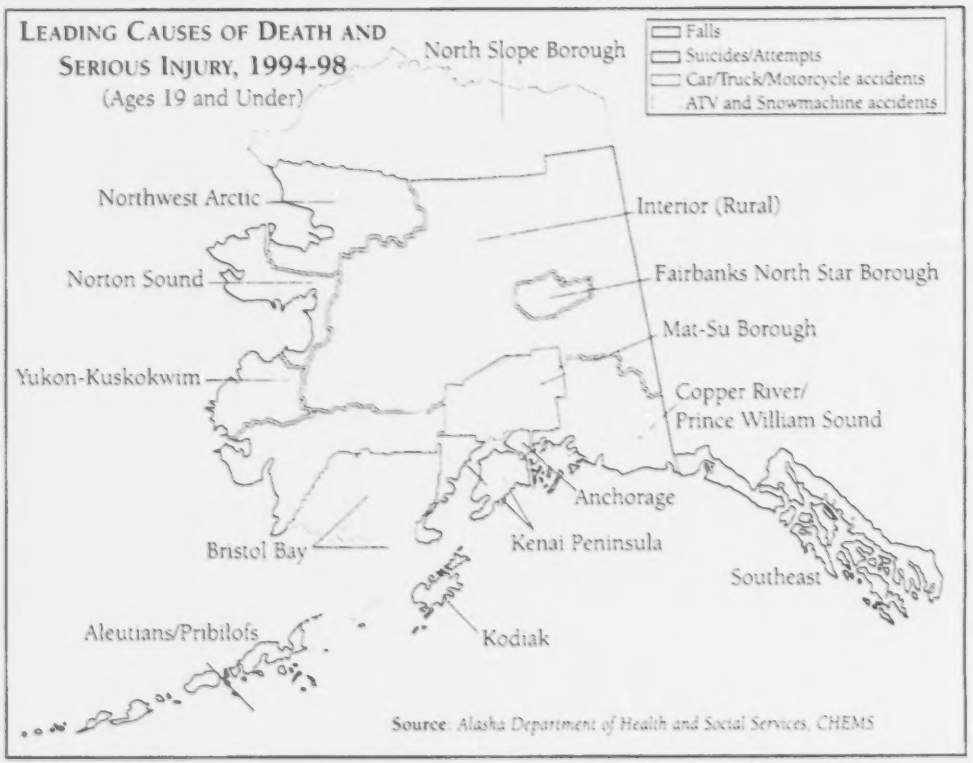
(Rate of Individual Juveniles Committing Crimes, Per 1,000 Juveniles 10-17)



Source: *Alaska Division of Juvenile Justice*

LEADING CAUSES OF DEATH AND SERIOUS INJURY, 1994-98

(Ages 19 and Under)



Source: *Alaska Department of Health and Social Services, CHEMS*

HEALTH INSURANCE COSTS SOAR

For American families, soaring medical costs have translated into ever-more expensive health insurance, with premiums up roughly 20 percent nationwide just in 2000 and 2001. And in Alaska, medical costs are far above the U.S. average.

We don't know for certain how many Alaska children lack health insurance (see page 35). We know that most are covered either through their parents' employers or through government programs. But as costs rise, it gets harder for families to carry coverage, even if employers pay a share. The table shows estimated costs of health insurance for Alaska and U.S. families in 2001.

CHILD CARE COSTS AND DEMAND

The need for child care keeps rising, as more mothers of young children move into the labor force nationwide and as welfare reform requires that recipients get jobs. Pages 32 and 33 discuss what we currently know about child care nationwide and in Alaska.

- *Child-care for a pre-school child cost more than $6,000 in Anchorage in 2000* and more than $7,000 in Kodiak, according to the Children's Defense Fund. That put Alaska costs at or near the top end of the range in other states (as the table in the top right-hand corner shows).

- *Child-care workers are among the lowest paid workers in Alaska*, earning about $7.90 per hour in 2000—less than parking lot attendants and about the same as telemarketers, according to the Alaska Department of Labor.

- *Alaska and 28 other states do not require* child-care workers to have special child-care education.

ESTIMATED MONTHLY HEALTH INSURANCE PREMIUMS, 2001

	U.S.	Alaska
Individual	±$232	$270-$700
Family	±$600	$650-$825

See detailed notes, page 34.

Sources: *U.S. Agency For Health Care Research and Quality, MEPS; William M. Mercer, Inc.; Anchorage Access to Health Care Coalition; state and federal employers in Alaska.*

- *More than 4,200 Alaska families received subsidized child care through state-run programs in 2001* (as the adjacent table shows). About a third of those families were either receiving welfare or had recently left the welfare rolls—but most were simply low-income families.

- *The number of families receiving subsidized child care rose about about 12 percent* between 2000 and 2001—because the state increased funds for the Child Care Subsidy Program, allowing it to enroll more low-income families that had been on waiting lists.

AVERAGE ANNUAL COST OF CARE FOR A FOUR-YEAR-OLD AT CHILD-CARE CENTERS, 2000

Anchorage	$6,019
Kodiak	$7,150
Other States	
Urban	$3,380-$8,121
Rural	$2,556-$6,034

Source: Karen Schulman, Childrens Defense Fund, *The High Cost of Child Care Puts Quality Care Out of Reach of Many Families, 2000*

ALASKA FAMILIES RECEIVING SUBSIDIZED CHILD CARE,[a] 2000 AND 2001

	December 2000	December 2001	Percent change
Families receiving welfare[b]	972	755	-23%
Families that left welfare within the previous year[c]	605	442	-27%
Families with low incomes[d]	2,208	3,040	+38%
Total	3,785	4,237	+12%

[a] Includes only state-administered programs.

[b] Families receiving welfare but also working or doing "work activities." They receive child care subsidies through the Alaska Division of Public Assistance.

[c] These families have priority in the Child Care Subsidy Program, administered by the Alaska Department of Education and Early Development.

[d] Families with incomes below 85 percent of the state median family income can qualify for subsidies when funds are available through the program cited in note b. Subsidies range from 25 to 97 percent of the cost of care.

Sources: *Alaska Division of Public Assistance; Alaska Department of Education and Early Development*

Prenatal Care in Alaska
Babies With Low Birth Weight
Infant Mortality

DEFINITION

The Alaska Bureau of Vital Statistics uses the Kessner index to classify prenatal care as adequate, intermediate, or inadequate. Both the intermediate and the inadequate categories are considered "less than adequate" care.

Pregnant women who see doctors or other health professionals at least once during their first trimesters, and at least nine times during their entire pregnancies, are classified as having "adequate" prenatal care. Those who see doctors at least once during their first or second trimesters, and at least four more times during their pregnancies, are classified as having "intermediate care." Those who don't see doctors at all during the first or second trimesters, or fewer than five times throughout their pregnancies, are considered to have "inadequate" prenatal care.

SIGNIFICANCE

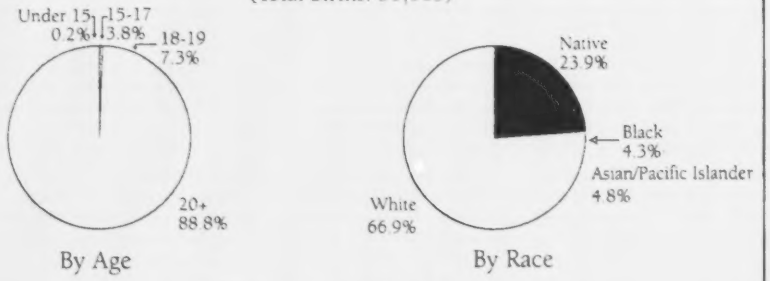
Women who get adequate prenatal care, eat well, and don't smoke, drink, or use illegal drugs can help protect their own health and that of their unborn children, as well as reduce the risk of infant mortality and low birth weight.[1] Women who visit doctors early in their pregnancies can identify risks and learn how to help prevent health problems.[2] Pregnant teenagers are less likely to get early prenatal care and more likely to smoke and to have premature or low-birth-weight babies.[3]

DATA

More than 50,000 babies were born in Alaska between 1995 and 1999, about 1 in 10 to teenage mothers. Most were born to White mothers (67 percent) or Alaska Native mothers (24 percent). About 3 in 10 mothers obtained less than adequate prenatal care in the late 1990s, but

Births in Alaska, 1995-1999, By Age and Race of Mother

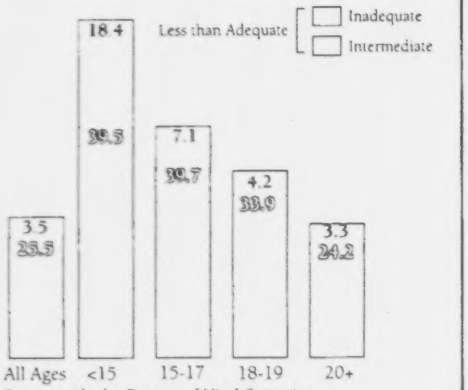
(Total Births: 50,115)



Source: *Alaska Bureau of Vital Statistics*

Percentage of Mothers Receiving Less Than Adequate Care, By Age

(5-Year Average, 1995-1999)



Source: *Alaska Bureau of Vital Statistics*

teenagers were much less likely to get adequate care. Roughly half of pregnant teens 17 and under failed to see health professionals often enough.

Alaska Native and Asian women were less likely than White and Black women to obtain adequate prenatal care. Nearly half of pregnant Native women and a third of pregnant Asian women got less than adequate prenatal care in the late 1990s, compared with about one quarter of White and Black women.

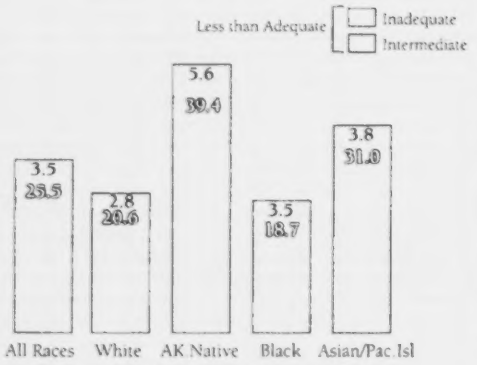
Pregnant women in Anchorage were much more likely to obtain adequate prenatal care than women elsewhere in the state. More than 80 percent of pregnant women in Anchorage received adequate prenatal care between 1995 and 1999, compared with about 70 percent in the Mat-Su and Southeast areas, 65 percent in the Gulf Coast and Interior, and about 50 percent in the Northern and Southwest areas.

Overall, the share of Alaska women who got little or no prenatal care was about 25 percent higher than the U.S. average in 1999 (see page 20)—not surprising, given that many rural Alaskans don't have ready access to medical care.

CHANGE IN CLASSIFICATION

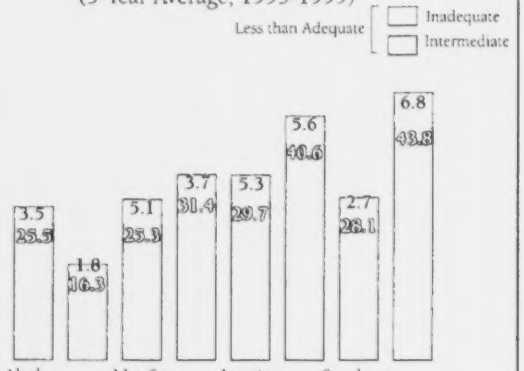
The data on prenatal care presented here are not comparable to data in previous databooks, because the Alaska Bureau of Vital Statistics changed its method of classifying data for mothers whose level of prenatal care is unknown. Previously, the bureau included births to those mothers under "inadequate" prenatal care. Now, the bureau excludes cases where the mother's status of prenatal care is unknown. From 1995-1999, the bureau excluded 1,074 births in calculating prenatal care mothers received.

Percentage of Mothers Receiving Less Than Adequate Prenatal Care, By Race
(5-Year Average, 1995-1999)



Source: *Alaska Bureau of Vital Statistics*

Percentage of Mothers Receiving Less Than Adequate Prenatal Care, By Region
(5-Year Average, 1995-1999)



Source: *Alaska of Bureau Vital Statistics*

PERCENTAGE OF MOTHERS RECEIVING LATE OR NO PRENATAL CARE,* 1999

U.S 3.8% **Alaska 4.8%**

*Care only in third trimester or not at all.

Source: Annie E. Casey Foundation, *The Right Start For America's Newborns; A Decade of City and State Trends (1990-1999)*

FETAL ALCOHOL SYNDROME IN ALASKA

The best current information (for the period 1995-1998) shows the rate of Fetal Alcohol Syndrome (FAS) in Alaska to be nearly three times the national average. That's largely because the estimated rate of FAS among Alaska Native babies is nearly ten times the national average.

The Alaska Department of Health and Social Services, Alaska Native organizations, and a wide range of non-profit groups are working to (1) better educate women about the dangers of drinking while pregnant; and (2) help children with FAS. For more information about FAS in Alaska, see: www.hss.state.ak.us/fas

BABIES BORN WITH FETAL ALCOHOL SYNDROME (FAS) OR AT-RISK OF FAS, ALASKA AND U.S. AVERAGE
(Per 1,000 Live Births, 1995-1998)

Mother's Race	FAS		At Risk of FAS[a]	
	Number	Rate	Number	Rate
White	5	N/A[b]	74	2.7
Alaska Native	46	4.8	390	40.9
All Races[c]	55	1.4	505	12.6
U.S. Average[d]	-	0.5	-	

[a]These are babies that met the preliminary case definition for FAS but were not confirmed cases.

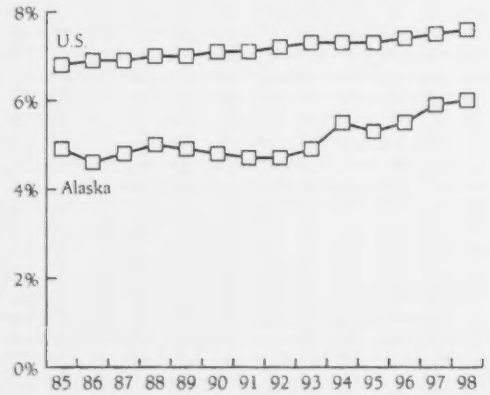
[b]Too few cases to compute reliable rate.

[c]Numbers of Black and Asian/Pacific Island babies reported with FAS too small to compute reliable rates. Race of some FAS babies is not known.

[d]U.S. average, 1998, as reported by National Institute on Alcohol Abuse and Alcoholism

Source for Alaska: *Alaska Fetal Alcohol Syndrome Surveillance Project*

Percent of Babies With Low Birth Weight
Trend 1985 - 1998



Source: 2001 *National Kids Count Data Book*

DEFINITION

Infants born weighing less than 5.5 lbs (2,500 grams) are classified as having low birth weight. Regional data reflect the mother's place of residence, not the infant's place of birth.

SIGNIFICANCE

The risk of death during the first year of life is 20 times greater for low-birth-weight infants than for those born at normal weight.[4] In fact, disorders related to low birth weight were the second leading cause of infant mortality in the U.S. in 1998.[5] Small babies are also at increased risk of many developmental, physical, and behavioral problems later in life—including mental retardation, blindness, language delays, cerebral palsy, and learning disabilities.[6]

Women who smoke during pregnancy are nearly twice as likely to have infants of low birth weight (12.1 percent) than those who don't smoke (7.2 percent). Pregnant teenagers are much more likely to smoke than are older pregnant women.[7]

Small babies are more often born to low-income and poorly educated women, who in turn are likely to lack health insurance and thus receive inadequate prenatal care. Women who eat poorly and don't gain enough weight when they're pregnant—and those who use alcohol or other drugs—are also more likely to have small babies.[8]

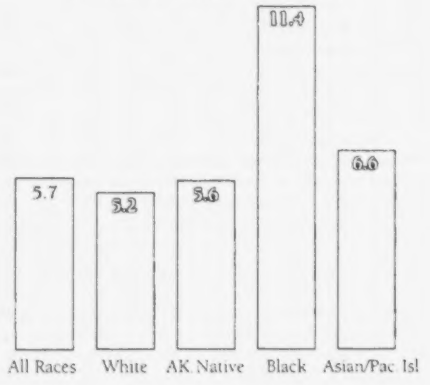
DATA

Approximately 1 in 5 babies born in Alaska in 1998 weighed less than 5.5 pounds, a rate significantly lower than the national average. Only six states had rates lower than Alaska's for this indicator.

Infants born to Black mothers in Alaska were about twice as likely to be of low birth weight than other babies.

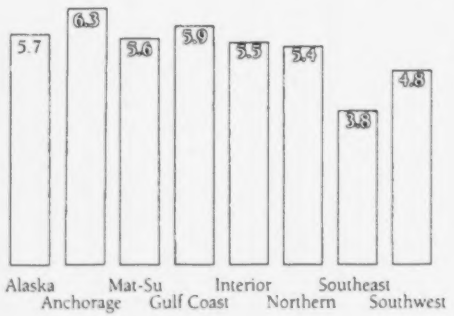
Rates of low birth weight were highest in the Anchorage and Gulf Coast regions and lowest in the Southeast and Southwest.

Percent of Alaska Babies with Low Birth Weight, By Race
(5-Year Average, 1995-1999)



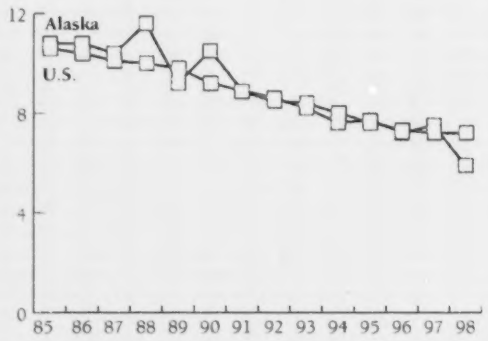
Source: *Alaska Bureau of Vital Statistics*

Percent of Alaska Babies with Low Birth Weight, By Region
(5-Year Average, 1995-1999)



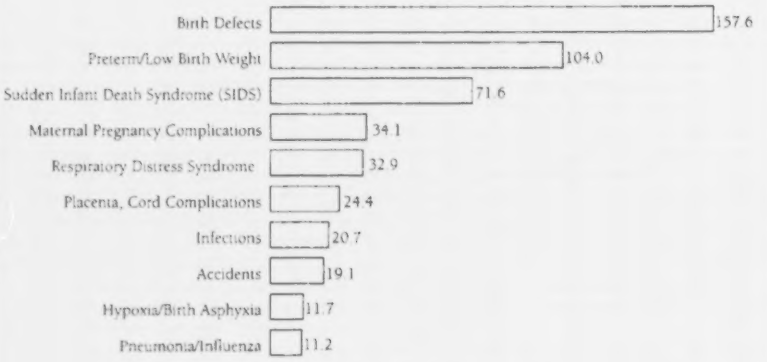
Source: *Alaska Bureau of Vital Statistics*

Infant Mortality Rate
Trend 1985 - 1998
(Deaths Before Age 1, Per 1,000 Live Births)



Source: 2001 *National Kids Count Data Book*

Ten Leading Causes of Infant Mortality in U.S., 1998
(Rate per 100,000 Live Births)



Source: *National Center for Health Statistics*

Definition

The infant mortality rate is the number of deaths among infants under 1 year, per 1,000 live births. Infant deaths are recorded by place of infant residence, not death.

Significance

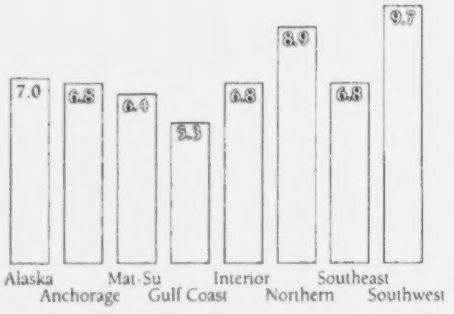
The infant mortality rate, which is a standard index of community health, reached an all-time low of 6.9 deaths per 1,000 live births in the U.S. in 2000. The three most common causes of infant mortality—birth defects, disorders related to low birth weight, and Sudden Infant Death Syndrome (SIDS)—together account for almost half of all U.S. infant deaths.[9] Not surprisingly, infant mortality rates are significantly higher for mothers living in poverty—who are more likely to be unemployed and poorly educated and to live in communities without access to neonatal intensive care.[10]

Data

Between 1995 and 1999, 7 of every 1,000 infants born in Alaska died before their first birthday. The infant mortality rate was highest in the Southwest and Northern regions and lowest in the Gulf Coast. Infant mortality among Black and Alaska Native infants was nearly twice the rate among White infants.

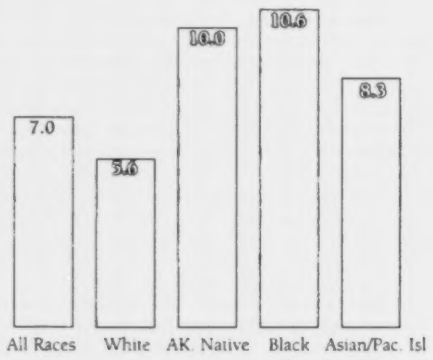
In 1998, Alaska ranked 7th in the nation on this indicator, with approximately 6 infant deaths per 1,000 live births—a 44 percent improvement since 1990.

Infant Mortality Rate By Region
(Per 1,000 Live Births, 5-Year Average, 1995-1999)



Source: *Alaska Bureau of Vital Statistics*

Infant Mortality Rate by Race
(Rate per 1,000 Live Births, 1995-1999)

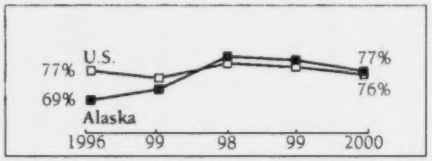


Source: *Alaska Bureau of Vital Statistics*

IMMUNIZATIONS BY AGE TWO

(SHARE OF CHILDREN, 19 TO 35 MONTHS, WITH RECOMMENDED SHOTS*)

To protect children from polio, diphtheria, and other diseases that in the past crippled and killed scores of children, the federal and state governments recommend a series of immunizations for children by the time they're two years old. Begining in the late 1990s, Alaska stepped up its efforts to immunize toddlers, and since 1998 the share of two-year-olds immunized in Alaska has been at or above the national average.



*Including all recommended doses of DTP (diphtheria, tetanus, and pertussis); polio; MMR (measles, mumps, rubella) and Hib (Haemophilus influenzae, type b meningitis). Additional immunizations are required for children in child-care facilities and for older children attending public schools.

Sources: *2000 Annual State Surveys* and CDC/NIP *2000 Immunization Registry Annual Report.*

ENDNOTES FOR INFANCY SECTION

[1] A. Minino and B. L. Smith (2001). *Deaths: Preliminary Data for 2000*, Volume 49, Number 12 (press release). See: http://www.hhs.gov/news/press/2001pres/20011010.html

[2] S. Ventura, J. Martin, S. Curtin, F. Menacker, and B. Hamilton (2001). *Births: Final Data for 1999*. See: http://www.hhs.gov/news/press/2001pres/20011010.html (press release), or http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_01.pdf (annual report)

[3] S. Ventura, S. Curtin, and T.J. Matthews. *Variations in Teenage Birth Rates, 1991-98: National and State Trends*. See: http://www.cdc.gov/nchs/releases/00facts/state-brt.htm (press release) or http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_06.pdf (annual report)

[4] See *Kids Count Data Book 2001*, pages 13-14, section on percent of low-birth-weight babies.

[5] T.J. Matthews, S. Curtin, and M. MacDorman. *Infant Mortality Statistics from the 1998 Period*, Linked Birth/Infant Death Data Set, Volume 48, Number 12. See: http://www.cdc.gov/nchs/releases/00facts/infantmo.htm (press release) http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_12.pdf (annual report)

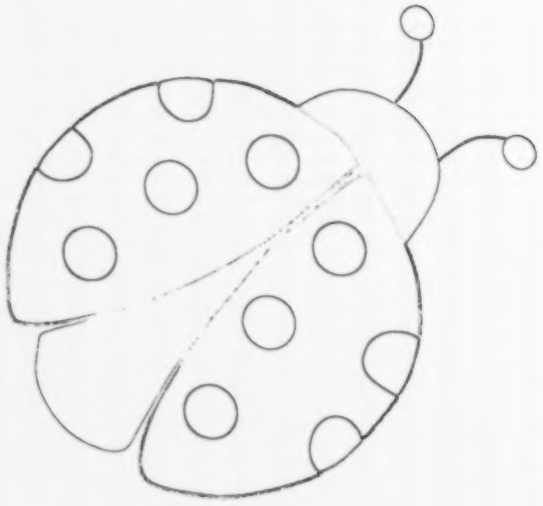
[6] T. Bereczkei, A. Hofer, and Z. Ivan (1999). "Low Birth Weight, Maternal Birth-Spacing Decisions, and Future Reproduction: A Cost-Benefit Analysis," in *Human Nature*, Volume 11, No. 2, pp. 183-205.

[7] T.J. Matthews. *Smoking during pregnancy in the 1990s*, Volume 49, Number 7. See: http://www.cdc.gov/nchs/releases/01news/smokpreg.htm (press release) http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_07.pdf (annual report)

[8] See note 3.

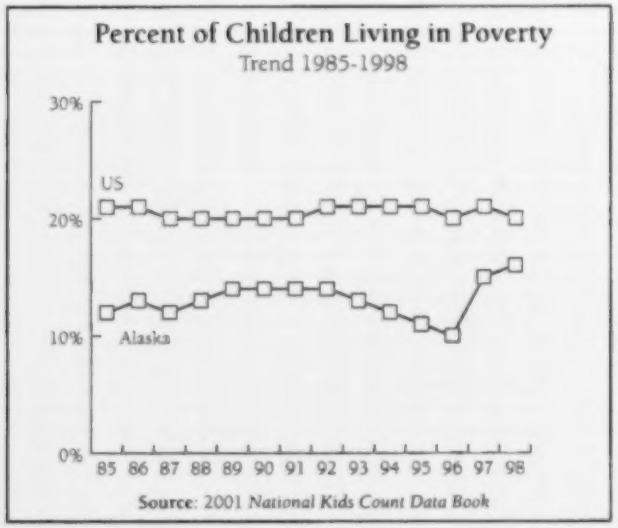
[9] D.L. Hoyert, E. Arias, B.L. Smith, S.L. Murphy, and K.D. Kochanek. *Deaths: Final Data for 1999*, Volume 49, Number 8. See: http://www.cdc.gov/nchs/releases/01facts/99mortality.htm (press release) http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_08.pdf (annual report)

[10] See *Kids Count Data Book 2001*, page 14, section on infant mortality.



Economic Well-Being

Children Living in Poverty
Children With No Parent Working Full-Time
Children In Families Headed By Single Parents
Births To Teens
Child Care
Health Insurance



DEFINITION

The trend data above show the percentage of children under 18 living in poor families, as measured by the U.S. Bureau of the Census's poverty threshold. In 1998, a family of four with an annual income below $16,530 was considered poor. (Figures since 1997 are not comparable to earlier figures, because the *Kids Count* program is now using a different data source.[1])

SIGNIFICANCE

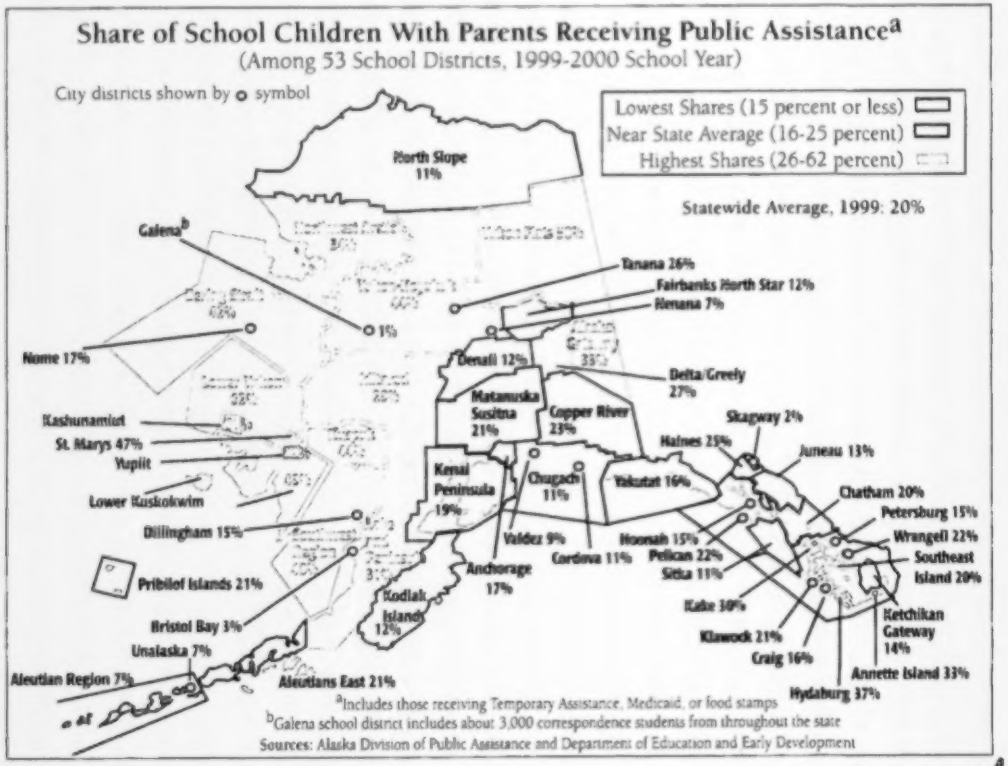
Growing up poor in the U.S. generally means doing without a lot of things that make life healthier and safer—adequate food, reliable child care, schools with strong academic standards, quality medical care, and much more.

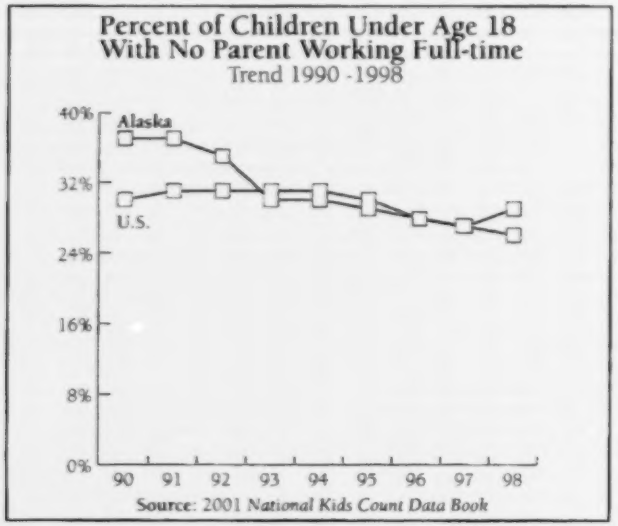
DATA

At the end of the 1990s, close to 1 in 5 children nationwide lived in poor families. In Alaska, the share was lower, as measured by the federal poverty threshold. But that threshold isn't adjusted for Alaska's higher cost of living—and living costs are especially high in rural Alaska, where incomes are also lower. The census bureau is considering possible changes in its measure of "poverty," with some analysts questioning whether it accurately reflects poverty nationwide.

Children whose parents rely on public assistance can also be considered as living in poverty. The map shows the shares of Alaska school children whose parents received some form of public assistance (Temporary Assistance to Needy Families, Medicaid, or food stamps) in each of Alaska's 53 school districts during the 1999-2000 school year.

- *Statewide, 20 percent of students lived in families receiving public aid.* Districts with the most students—Anchorage and nearby areas, Fairbanks, and Juneau—were near the state average.
- *Districts across western and interior Alaska had anywhere from 30 to 60 percent* of students in families receiving public assistance. These are also the areas where income is lowest.
- *A few districts, in different areas of the state, had less than 10 percent* of their students from families receiving public assistance.





DEFINITION AND SIGNIFICANCE

This indicator estimates the percentage of children under 18 living in households where neither parent has a full-time, year-round job. This is a relatively new *Kids Count* indicator, estimated back to 1990. It's an indication of the number of children who lack the stability of having at least one full-time working parent.

DATA

In 1998, an estimated 30 percent of children in Alaska lived in households where neither parent was employed at a full-time, year-round job, compared with 26 percent nationwide. Estimates for 2000 put Alaska's figure at 43 percent and the national figure at 28. But a number of analysts question this estimate for Alaska.

LIMITATIONS OF INDICATOR IN ALASKA

Although this indicator provides a good measure of the economic well-being and stability of families nationwide, it has some shortcomings in Alaska—particularly rural Alaska.

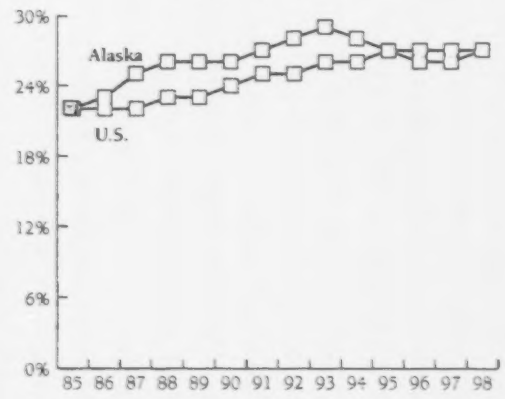
First, it is based on a sample. As we discussed earlier (on page 12), small samples taken from small, geographically-dispersed populations like Alaska's are especially subject to error.

Also, full-time, year-round work is scarce in many of Alaska's small rural places, including hundreds of remote Alaska Native villages. Seasonal jobs like commercial fishing or construction are often the main sources of income for rural families.

Many rural families that depend on seasonal incomes also get a big share of their food through hunting and fishing. The Alaska Department of Fish and Game estimates that in the 1990s, annual harvests of wild fish and game in rural northern, western, and interior areas of Alaska would have cost more than $2,000 per person to buy.[2]

For some rural families, the combination of earnings from seasonal work and the "in kind" income they get from harvests of fish and game may provide an income that is effectively equivalent to that provided by having a full-time working parent. But that way of life is not accounted for in this indicator.

Percent of Families Headed by Single Parents
Trend 1985 - 1998



Source: 2001 *National Kids Count Data Book*

DEFINITION

This indicator measures the percentage of families headed by single parents (either mothers or fathers), with children under 18. The children may be related to the parents by birth, adoption, or marriage.

SIGNIFICANCE

Over the past 40 years, the number of children living with single parents in the U.S. has more than tripled, increasing from 5.8 million in 1960 to 19.8 million in 1999.[3]

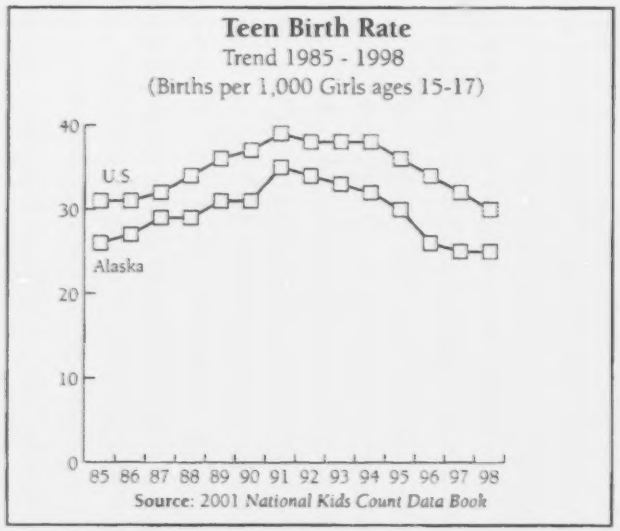
Children who grow up with just one parent often lack the economic and social support two-parent households can more readily provide. Clearly households with two parents have the potential to earn more. And when single parents work—as more are doing under recent national welfare reforms—they have no one to share the difficulties of coordinating child care with work schedules; of arranging transportation to and from school, child care, and work; and of carrying out the dozens of other daily responsibilities of raising children.

By far the majority of single parents are women, and many single mothers are also teenagers who live below the poverty line and get little or no support from the fathers of their children.

And by the time children being raised by single parents turn 16, they are twice as likely to be sexually active as those being raised in two-parent families.[4]

DATA

In 1998, an estimated 27 percent of family households in Alaska were single-parent families. That proportion is about at the national average, so Alaska ranks 22nd in the U.S. on this indicator. But while the share of families headed by single parents increased from 24 to 27 percent nationwide from 1990 to 1998, the share in Alaska declined from a high of 29 percent in 1993 to 27 percent in 1998.



Definition

The trend data above, from the national *Kids Count Data Book*, show the birth rate per 1,000 girls 15 to 17. The regional rates in Alaska are higher, because they include girls 15 to 19.

Significance

Most teenage mothers are unmarried, haven't finished high school, and aren't likely to receive either financial or social support from the fathers of their children. By the time they're 8 to 12 years old, children born to teenage, single mothers who never finished high school are 10 times more likely to be living in poverty than those born to older, married mothers who graduated.[5]

Children of single mothers are also more likely to become teenage parents themselves and to be out of school and unemployed in their late teens and early twenties.[6] The children of teenage mothers are about three times more likely to go to jail during adolescence and early adulthood.[7]

Teenage mothers are less likely than older women to get prenatal care in the first three months of pregnancy. They're also more likely to smoke and to give birth to premature or low-birth-weight infants, who are at risk of developmental and behavioral problems later in life.[8] The cost to society, in public money spent for teenage parents and their children, was an estimated $15 billion annually in the mid-1990s.[9]

Data

The good news is that teen birth rates are declining across the U.S., with 30 of every 1,000 girls 15-17 having babies in 1998. In Alaska the rate was significantly lower, at 25 per 1,000, ranking Alaska 22nd on this indicator in 1998. Both the national and the Alaska birth rates among girls 15-17 dropped 19 percent between 1990 and 1998.

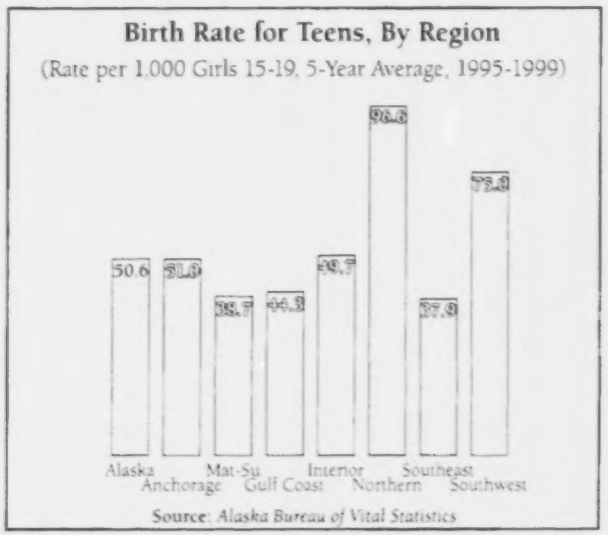
What accounts for the downturn in teen pregnancies that seems to be sweeping the nation? Analysts have cited increased condom use, effective long-acting contraceptives, declines in teen sex, and changing attitudes toward premarital sex.[10]

If we look at Alaska girls ages 15 through 19, an average of about 51 per 1,000 had babies annually from 1995 through 1999. But the rate was much higher in the Northern region, with nearly 1 in 10 teenage girls having babies. The rate was also high in the Southwest region, where about 75 per 1,000 girls had babies between 1995 and 1999. The lowest rates were in the Mat-Su, Southeast, and Gulf Coast regions, at about 40 per 1,000 teenage girls.

The tables on page 31 show trends in births among teenage mothers in Alaska, by race and other characteristics. The birth rate among Alaska's teenage girls 15-19 dropped about 14 percent from 1995-1999. The trend was down among girls of all races, but most among Black teenagers—nearly one third.

In 1999, birth rates were highest among Alaska Native girls and lowest among White girls, with rates among Black and Asian girls in between. But remember, there are fewer Black and Asian girls in Alaska—so a small change in the number of births can affect birth rates.

More than three-fourths of teenage mothers in Alaska are unmarried, and that proportion increased slightly in recent years, growing from about 75 to 78 percent between 1995 and 1999. Teen births make up about 1 in 10 births in Alaska overall, and roughly 1 in 6 teen births are to girls who have previously had babies.



Births Per 1,000 Alaska Teens (15-19), By Race*

	Total Number of Girls 15-19	Birth Rate			Percent Change
	1999	1995	1998	1999	95-99
White	16,287	41.2	36.9	35.0	-15.1%
Alaska Native	5,065	98.3	86	85.5	-13.0%
Black	1,080	94.3	50.4	64.8	-31.3%
Asian and Pac/Isl.	1,038	53.0	47.5	46.2	-12.8%
Total	23,470	55.6	48.4	47.8	-14.1%

*Teens of Hispanic origin can be of any race.

Source: *Alaska Bureau of Vital Statistics, Annual Report, 1995, 1998, and 1999*

Trends in Births to Alaska Teens

				Percent Change
	1995	1998	1999	95-99
Birth rate for younger teens (per 1,000 females ages 15-17)	30.6	26.4	26.5	-13.5%
Percent of teen births to unmarried teens	74.8%	75.8%	78.3%	4.6%
Percent of teen births that are repeat births	18.0%	20.3%	16.8%	-6.5%
Teen births as a percent of all births	11.1%	11.1%	11.3%	1.7%

Source: *Alaska Bureau of Vital Statistics, Annual Report, 1995, 1998, and 1999*

SIGNIFICANCE

Getting good, affordable child care is one of the biggest worries for working parents across the U.S. In 2000, the share of American women who held jobs and also had children under 6 was double what it had been in the 1970s.[11] Adding to the demand for child care is welfare reform, which since the late 1990s has limited how long people can collect welfare benefits and required them to begin working or looking for work while they're receiving benefits.

Advocates for children say there is increasing evidence that what children learn before age 5 is important in determining how well they do later in school. But *Education Week* recently reported that even though more and more pre-school children are being cared for outside their homes, "it is startling how little is actually known" about the quality of and the unmet demand for care of pre-school children.[12]

We do know that child care is one of the biggest expenses for working parents—in Alaska and nationwide—while child-care workers are among the lowest paid and are typically required to have little or no specific child-care education.

SOURCES FOR FIGURES

a) National Council of Jewish Women, *Opening a New Window on Child Care*, 1999.

b) Karen Schulman, Children's Defense Fund, *The High Cost of Child Care Puts Quality Care Out of Reach of Many Families*, 2000.

c) Alaska Department of Labor; U.S. Bureau of Labor Statistics.

d) Education Week on the Web, *Quality Counts 2002: Building Blocks For Success*, January 2002. See: http://www.edweek.org/sreports

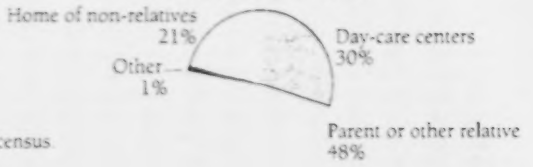
The need for child care nationwide is huge...

Working Women with Children, U.S., 1999*

With children under 6 — 60%
With children over 6 — 78%

*Specific figures for Alaska are not yet available from the 2000 census.
Source: See note a.

Who Cares For Children Under 6 While Mothers Work?

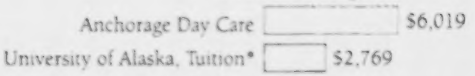


It is one of the biggest costs for working parents...

Average Annual Cost of Care for a Four-Year-Old At Child-Care Centers, 2000

Anchorage	$6,019
Kodiak	$7,150
Other States	
Urban	$3,380 - $8,121
Rural	$2,556 - $6,034

Child-Care Center Costs and Public College Tuition
(Annual Average)



*Includes tuition, fees, and costs of books for two semesters.

Source: See note b.

But caring for children is one of the lowest paid occupations...

Median Wage Per Hour, Selected Occupations, 2000

	Alaska	U.S.
Theater Ticket-Takers	$6.41	$6.61
Telemarketers	$7.78	$9.06
Child-Care Workers	**$7.91**	**$7.43**
Parking Lot Attendants	$8.18	$7.69

Source: See note c.

With few child-care education requirements...

Special Education Required for Child-Care Workers, 2000

Alaska	None*
Other States	
28 states	None
6 states	6-20 hours, child-care training
7 states	Some early-childhood development courses
6 states	Child Development Associate (CDA) or Certified Child Care Professional (CCP)
1 state	2-year vocational course
1 state	4-year college degree

*But Alaska is undertaking a professional development program for child care workers; see box on facing page.

Source: See note d.

DEMAND FOR CHILD CARE IN ALASKA

Complete information on the demand for child care in Alaska doesn't exist. We do know how many families received state-subsidized child care in 2000 and 2001, and those figures give us some idea of shifting demand.

Families that are receiving welfare benefits but also working—or doing some "work activities"—can get subsidized child care directly through the Alaska Division of Public Assistance. In December 2001, 755 families receiving welfare benefits and also working had subsidized child care. That amounted to about 30 percent of all the families receiving welfare and also working.

A second program, the Child Care Subsidy Program, administered by the Alaska Department of Education and Early Development, subsidizes a share of child care costs for working families earning less than 85 percent of the state median income. Low-income families that have been off welfare less than a year get priority in this program. Other low-income families—that may never have been on welfare, or have been off longer than a year—can get subsidies if there's enough program funding.

As of 2000, many low-income families were on waiting lists for the subsidy program. But then the state transferred about $13 million to the child care program from the Temporary Assistance to Needy Families (TANF) program—money that was available because welfare reform has reduced the TANF caseload. By early 2001, there were no waiting lists for the program. In fact, most of the nearly 3,500 families served by the program in December 2001 were simply low-income families. Just 13 percent were families that had left welfare within the previous year.

Between 2000 and 2001, the number of families receiving welfare benefits and subsidized child care dropped by nearly one-quarter, as the bottom of the table shows. And the number of families in the Child Care Subsidy Program that were transitioning from welfare dropped by more than a quarter.

These changes make sense, given that the welfare caseload has dropped substantially since the late 1990s—and many families who left welfare did so more than a year ago.

During the same period—from December 2000 to December 2001—the number of low-income families (who may or may not have ever been on welfare) increased by nearly 40 percent. That change also makes sense, given that the state government added money to the program in late 2000, to subsidize child care for low-income families that had been on waiting lists.

ALASKA SYSTEM FOR EARLY EDUCATION DEVELOPMENT (SEED)

In 2000, Alaska established a program to help child-care workers get increased training and education. For more information, see: www.eed.state.ak.us/EarlyDev/

ALASKA FAMILIES RECEIVING SUBSIDIZED CHILD CARE UNDER STATE-RUN PROGRAMS, DECEMBER 2001

	Number	Percent of Total
State-Administered Temporary Assistance[1]		
Families receiving welfare benefits *and* working or participating in work activities[2]	2,552	100%
Families receiving child care	755	30%
Child Care Subsidy Program[3]	**Number**	**Percent of Program**
Low-income families receiving child-care subsidies	3,482	100%
Families that left welfare within past year[4]	442	13%
Other low-income families[5]	3,040	87%

[1]Figures do not include assistance programs administered by Alaska Native non-profit organizations.
[2]The total state-administered welfare caseload (excluding cases administered by Native non-profit organizations) in December 2001 was 5,902, including 1,085 cases with children receiving benefits but living with adults not receiving benefits.
[3]This is a program of the Alaska Department of Education and Early Development. It pays anywhere from 25 to 97 percent of child care expenses for families whose income is 85 percent or less of the state median family income.
[4]Families within the first year of transitioning from welfare to work have priority in this program.
[5]These families may or may not have ever received welfare benefits. If the program does not have enough funds to subsidize child care for all qualified families, these families get lower priority than those who have just moved off welfare.

CHANGES IN NUMBER OF FAMILIES RECEIVING SUBSIDIES, DECEMBER 2000 TO DECEMBER 2001

Families receiving welfare and working	-23%
Families that left welfare within a year	-27%
Other low-income families	+38%

Sources: *Alaska Division of Public Assistance; Alaska Department of Education and Early Development*

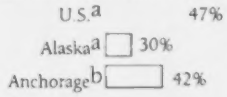
Families across the U.S. are worried about how they'll pay for health care, as medical costs and insurance premiums keep rising. Nationwide, premiums rose an average of nearly 20 percent from 2000 through 2001. In Alaska, costs of medical care and insurance are even higher than elsewhere.[13]

On this page we look at the availability and cost of health insurance for families and at criteria for government programs that pay medical costs for children in Alaska. On the facing page we talk about which children in Alaska are most and least likely to have affordable access to health care. Remember, as you look at the share of employers offering family insurance plans, that not all employees of those firms or agencies will necessarily carry family coverage—some can't afford to pay their share of the premiums.

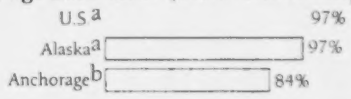
WHO OFFERS HEALTH-CARE COVERAGE?

Private Employers Offering Family Plans

Small Businesses (Fewer than 50 employees)



Large Businesses (More than 50 employees)



Government Employers Offering Family Plans

The federal and state governments and virtually all the larger local governments nationwide offer family health insurance.

Other Sources of Health-Care Coverage

Medicaid (including Denali KidCare)

Medicaid is a joint federal-state program that pays medical costs for low-income Americans. The program was expanded in 1997 to make more children and pregnant women eligible; that expansion in Alaska is called Denali KidCare. Children in families earning up to 200 percent of the federal poverty guideline income can qualify for Denali KidCare, if they meet other criteria.

Indian Health Service

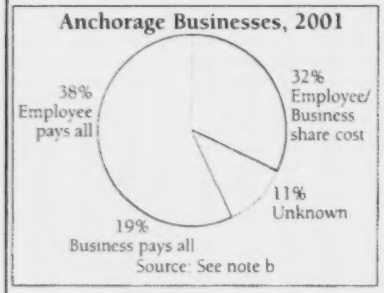
All Alaska Natives are eligible for Indian Health Service programs. These programs are not "health insurance," because they are offered only at IHS hospitals or clinics. Still, they provide medical coverage.

HOW MUCH DOES INSURANCE COST—AND WHO PAYS?

Estimated Monthly, Premiums[c], 2001

	U.S.[d]	Alaska[e]
Individual	±$232	$270-$700[f]
Family	±$600	$650-$825

Who Pays Family Insurance Premiums?
(Among Employers Offering Insurance)



ESTIMATED EMPLOYEE CONTRIBUTIONS FOR FAMILY COVERAGE

Private Businesses, U.S. 1999
20% - 30%

Alaska Public Employers, 2001
±5% - 30%

Sources: See note a for U.S. figure; Alaska estimate based on figures from major public employers.

Notes for figures:

[a] U.S. Agency for Health Care Research and Quality, Medical Expenditure Panel Survey. Includes all businesses that offer at least basic health insurance. Figure for Alaska is 1997; U.S. figure is 1999.

[b] Businesses offering at least "major medical," coverage, which excludes dental and vision care benefits. Source: Anchorage Access to Health Care Coalition, Health Insurance Benefits Survey, September 2001.

[c] Coverage varies sharply under different plans. Premiums depend on the size of the deductible, the percentage of costs reimbursed, and coverage of dental, vision, and prescription drug costs.

[d] Estimated national average premium for private businesses offering health insurance in 2001. Based on 1999 figure from Medical Expenditure Panel Survey, adjusted by annual average increases in health insurance costs nationwide in 2000 (8%) and 2001 (11%), as reported in National Survey of Employer-Sponsored Health Plans 2001, William M. Mercer Inc.

[e] Estimated range of monthly premiums for plans offered by public and private employers in Alaska. Based on (1) survey of private businesses in Anchorage, conducted by Anchorage Access to Health Care Coalition, September 2001; and (2) figures from large public employers in Alaska. Public employees often have the choice of basic coverage at lower rates or supplemental coverage at higher rates.

[f] A few group plans have the same premium for individuals or families.

HEALTH COVERAGE FOR ALASKA'S CHILDREN

We know that most children in Alaska have at least some medical coverage, either through health insurance or under government programs. But we don't know just how many have no insurance and can't qualify for government programs.

The federal Current Population Survey (CPS) estimates that 16 percent of Alaska's children (18 and under) lacked health insurance from 1999 through 2001, as compared with 14 percent of children nationwide. Some analysts question the accuracy of that estimate, which is based on a small sample and is subject to error. Also, the CPS figures don't seem to show the effects of the Denali KidCare program, which has added coverage for thousands of children since 1999. Finally, the CPS classifies Alaska Native children served by Indian Health Service programs as "uninsured." While IHS programs are not insurance as such, they do provide access to medical care.

So what do we know about coverage for Alaska's 203,000 children (18 and under) in 2001?

Coverage Under Government Programs

We estimate that perhaps 40 percent of Alaska's children had access to medical care under government-sponsored programs in 2001.

- The Denali KidCare program (an expansion of Medicaid) had an enrollment of about 20,000 children in fiscal year 2001. That's about 10 percent of children 18 and under.
- Close to 50,800 children were enrolled in Alaska's traditional Medicaid program—in addition to those covered under Denali KidCare—in fiscal year 2001. That's about 25 percent of Alaska's children.
- Alaska Native children are eligible for Indian Health Service programs. The 2000 federal census reported 50,000 children as Alaska Native.[14] About 37,600 Native children were enrolled in the Medicaid and Denali KidCare programs in 2001.[15] Some Native children are also covered under insurance through their parents' employers. But if we assume that somewhere in the range of 10,000 Alaska Native children were covered *only* by IHS programs in 2001, that would be about 5 percent of Alaska's children.

Job-Based and Other Coverage

Many of the other 60 percent (or so) of Alaska children have access to health insurance, mostly through their parents' jobs.[16] Some people, especially the self-employed, don't have access to group plans and buy family coverage directly from insurance companies. Parents who can't get insurance coverage for children with major health problems (again, these parents are typically self-employed) can buy coverage through the Alaska Comprehensive Health Insurance Association.[17]

But we don't know just how many children that leaves without coverage. We assume that most of the uninsured are in working families, since we know that 80 percent of the uninsured children and adults nationwide are in working families.[18]

Who is Uninsured?

In general, Alaska children are most likely to lack insurance if their parents:

- Earn enough to disqualify them for Medicaid or Denali KidCare but not enough to afford family insurance coverage.
- Work for businesses—probably small businesses—that don't offer health insurance and can't afford to buy policies on their own. (Businesses with few employees aren't able to spread risks the way larger employers can and therefore face higher premiums.)
- Can't afford to pay their share of job-based insurance for family coverage.
- Are self-employed and can't afford to buy family health insurance.

ENDNOTES FOR ECONOMIC WELL-BEING

[1] See *Kids Count Data Book 2000*, pages 178-179, for a discussion of this change.

[2] Robert Wolfe, Alaska Department of Fish and Game, Subsistence Division, 2000. Based on per person harvests of 516 to 664 pounds per person, with a value of $2 to $5 per pound.

[3] See *Kids Count Data Book 2001*, page 21, section on percent of single-parent families with children.

[4] K. A. Moore, A.K. Driscoll, and L. Duberstein Linderberg (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing.* The National Campaign to Prevent Teen Pregnancy, Washington D.C.

[5] See *Kids Count Data Book 2001*, pages 16-18, section on teen birth rate.

[6] R.A. Maynard. (1996). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy.* Urban Institute Press: Washington, D.C.

[7] See note 6.

[8] S. J. Ventura, W.D. Mosher, S. Curtin, and J. Abma, National Center for Health Statistics, *Trends in Pregnancy Rates for the United States*, 1976-97: An Update,Volume 49, Number 4. See: http://www.cdc.gov/nchs/releases/01news/trendpreg.htm (press release) http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_04.pdf (annual report)

[9] See note 6.

[10] See note 8.

[11] National Council of Jewish Women, *Opening a New Window on Child Care*, 1999.

[12] Education Week on the Web, *Quality Counts 2002: Building Blocks For Success*, January 2002. See: http://www.edweek.org/sreports

[13] Costs of living have historically been higher in Alaska, but in recent times costs of food, housing, and other necessities have moved closer to the U.S. average. The exception is costs of medical care, which have remained much higher than in other states. For instance, hospital room charges in Anchorage in 2000 were reported to be 60 percent above the U.S. average. For a summary discussion of living costs in Alaska, see Institute of Social and Economic Research, University of Alaska Anchorage, *Trends in Alaska's People and Economy*, October 2001. See: www.iser.uaa.alaska.edu, or call 907-786-7710.

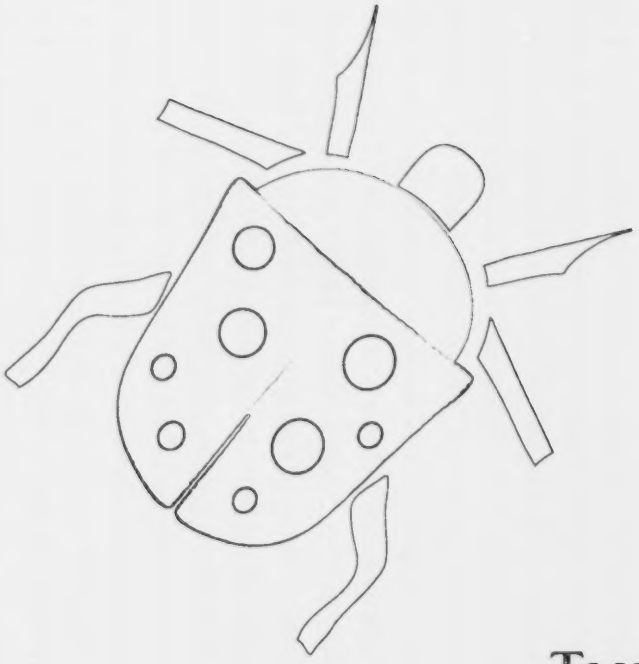
[14] That includes both children reported as Alaska Native and as Alaska Native and some other race.

[15] Native organizations encourage eligible families to enroll in Medicaid, partly because it can be used at more health facilities and may cover some expenses IHS programs don't.

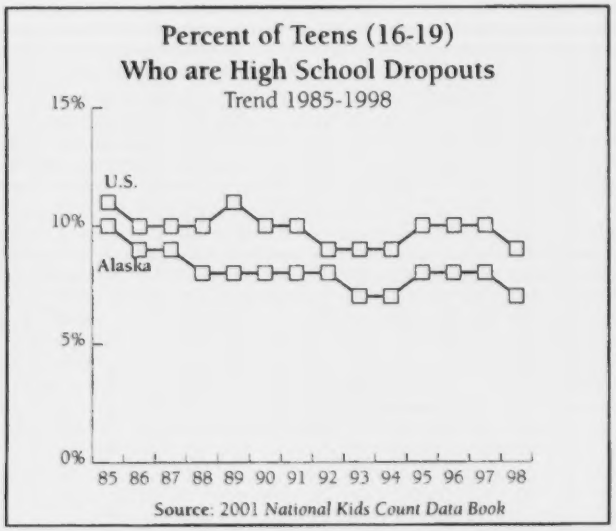
[16] Nationwide, an estimated two thirds of Americans under 65 (including children and adults) are covered by job-based health insurance.

[17] The Alaska Comprehensive Health Insurance Association (ACHIA) is a state-sponsored insurance pool that since 1993 has provided an alternative for people that private insurance companies refuse to cover. This is not a subsidy program. Those covered by ACHIA pay full insurance premiums and are most frequently self-employed people with serious medical problems—or children with major medical problems whose parents don't have access to group health insurance and who have been refused individual coverage. As of early 2002, about 20 children (18 and under) had coverage through ACHIA.

[18] National Academy of Sciences, Institute of Medicine, Committee on the Consequences of Uninsurance, *Coverage Matters: Insurance and Health Care, 2001*. Available at: http://national-academies.org



Teens Who Drop Out
Teens Not In School and Not Working
School Achievement



Definition

The trend graph is based on the national *Kids Count* definition of dropouts: the percentage of teenagers 16 through 19 who are not in school and who have not graduated from high school.

The dropout rates by race and region within Alaska are based on different definitions, depending on what information is available. The adjacent figure showing dropout rates by race includes teenagers in grades 7 through 12, roughly ages 13 through 19.

The map on page 40 shows dropout rates by region among teenagers in grades 9 through 12; some of these dropouts are younger than 16. The dropout rates in most Alaska regions are lower than the statewide figure in the trend graph—because the regional rates include students under 16, who are less likely to drop out of school.

The Alaska Department of Education and Early Development classifies students as dropouts if they (1) left school without graduating or completing an approved program; (2) moved out of the school district or state and are not known to be enrolled elsewhere; (3) enrolled in adult education programs or schools not approved by the district; or (4) were suspended or expelled from school and failed to return.

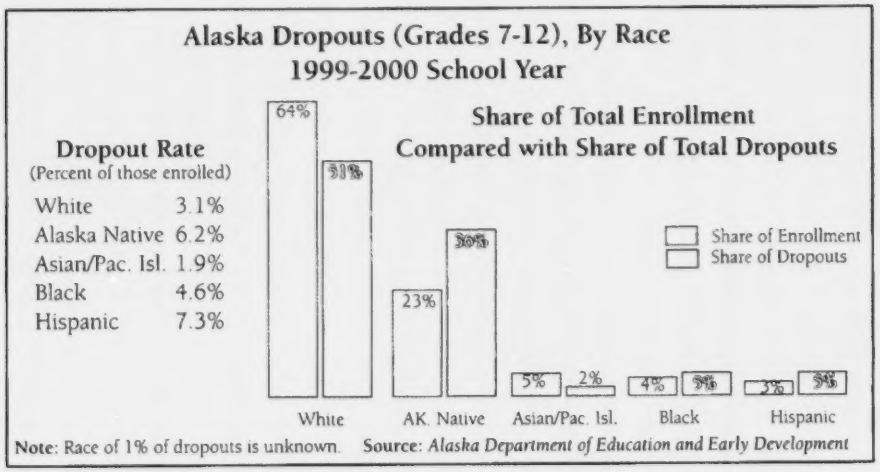
People who don't earn a high-school diploma (or the equivalent) often spend their lives in poverty, because their lack of education makes it difficult for them to get higher paying jobs.

Data

The share of Alaska teenagers 16 to 19 who aren't in high school and haven't graduated has been lower than the national average since 1985, and Alaska has seen a 13 percent decline in the dropout rate since 1990. In 1998, 7 percent of those 16-to-19 years old dropped out of school, compared with 9 percent nationwide. Alaska ranked 9th in the U.S. on this indicator.

The dropout rate for Alaska students in grades 7 through 12 varied significantly by race and ethnicity in the 1999-2000 school year. More than 7 percent of Hispanic students, 6.2 percent of Alaska Native students, and 4.6 percent of Black students who enrolled didn't complete that school year. The dropout rate among White students was 3.1 percent and among Asian students 1.9 percent. In relation to enrollment, Alaska Native and Hispanic students dropped out at disproportionately high rates.

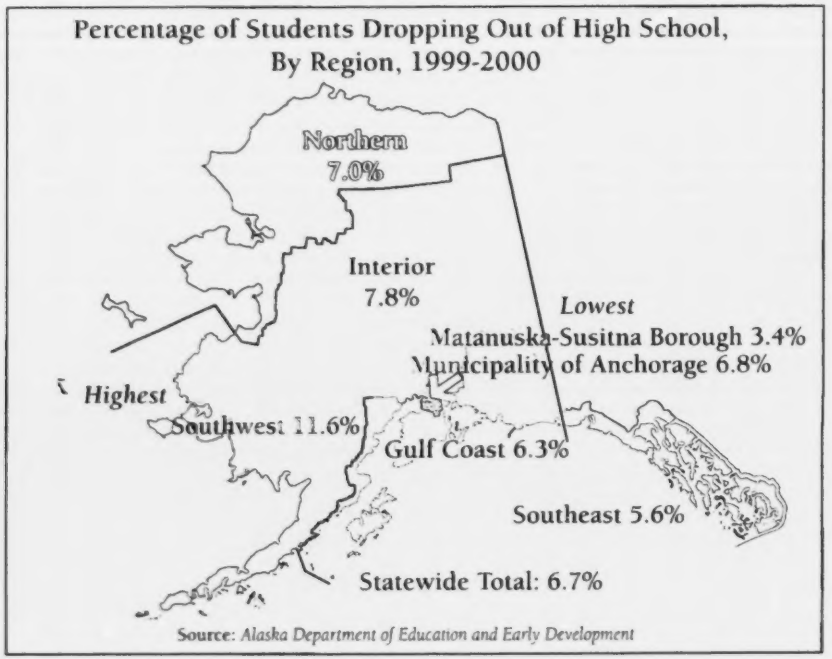
About 2,600 high-school students (grades 9 through 12) dropped out of Alaska schools during the 1999-2000 year, which represented close to 7 percent of the 38,790 high-school students that year. Overall, the dropout rate was highest (11.6 percent) in the Southwest region and lowest in Mat-Su area (3.4 percent). The dropout rate in other regions ranged from about 5 to 8 percent (see the map on page 40).

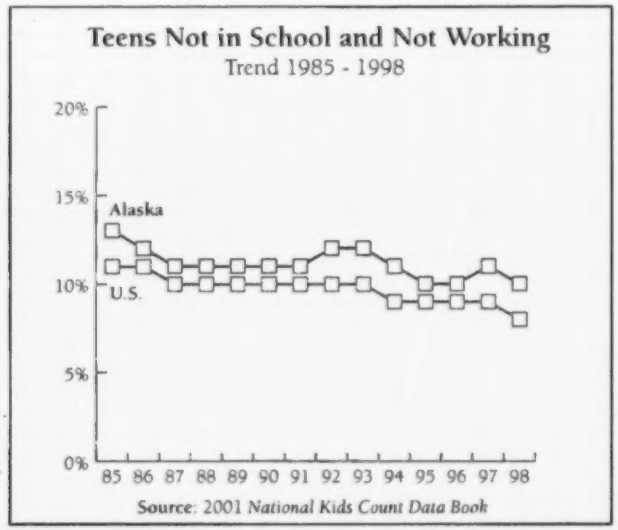


Research Findings

The most obvious and severe consequences of dropping out of high school are higher rates of unemployment and reduced earning potential. Researchers have also identified a number of other issues related to dropping out of school:

- Children who repeat grades or attend multiple elementary schools are at increased risk of dropping out.[1]
- Teenagers' odds of dropping out of school are increased if they started smoking cigarettes at an early age.[2]
- Adolescents who live with both parents are significantly less likely to drop out of school.[3]
- High-school dropouts are at increased risk of going to prison. Approximately two thirds of all U.S. prison inmates in 1991 were high-school dropouts.[4]
- Adolescents who are otherwise at high risk but who participate in extracurricular school activities appear less likely to drop out of school or to be arrested for crimes.[5]
- Teenage girls who have low academic expectations, weak academic skills, and drop out of high school are more likely to become pregnant.[6]
- Teenagers who suffer continuous, severe bullying are more likely to have poor grades and to drop out of school.[7]
- Parents' attitudes toward education influence their children: those whose parents expect them to graduate are significantly more likely to graduate.[8]





Definition

This indicator measures the percentage of teenagers, ages 16 through 19, who are not in school, not working, and not in the military. It includes both high-school dropouts and those who have either high-school or General Education Development (GED) diplomas but are not working.

This is a measure of teenagers who are not doing anything productive during a critical period of development. Idle teenagers are establishing histories of unemployment and disengagement that may plague them as they get older.

Data

About 10 percent of Alaskan teenagers 16 to 19 were not working or attending school in 1998. That compared with the U.S. average of 8 percent, putting Alaska 37th nationwide on this indicator.

The share of Alaskan teenagers not working and not in school fluctuated in the 1990s, but dropped from a high of 12 percent in 1993.

Research Findings

Can we predict which children are at risk of being out of the work force and out of school when they reach their late teens? Research suggests:

- Children who don't read well, who aren't attached to school, and who are antisocial are more likely to be unemployed as teenagers and young adults.[9]

- Teenage boys who used alcohol, marijuana, or cocaine at early ages are more likely to be repeatedly fired or to quit their jobs.[10]

- Children who at age nine have problems in their relationships with other children tend to have difficulties throughout their schooling. Those difficulties can reduce their educational opportunities and lead to later unemployment.[11]

California Achievement Test

Scores on standardized tests compare the school achievement of Alaskan students and students nationwide. Students in Alaska take the California Achievement Test, 5th edition (CAT-5) in the 4th and 7th grades. This widely-used test assesses reading, mathematics, and language arts.

Among all school-age children nationwide, 25 percent score in each of four quartiles. So a state using the CAT-5 can compare the distribution of scores among its students to the nationwide distribution in equal quartiles.

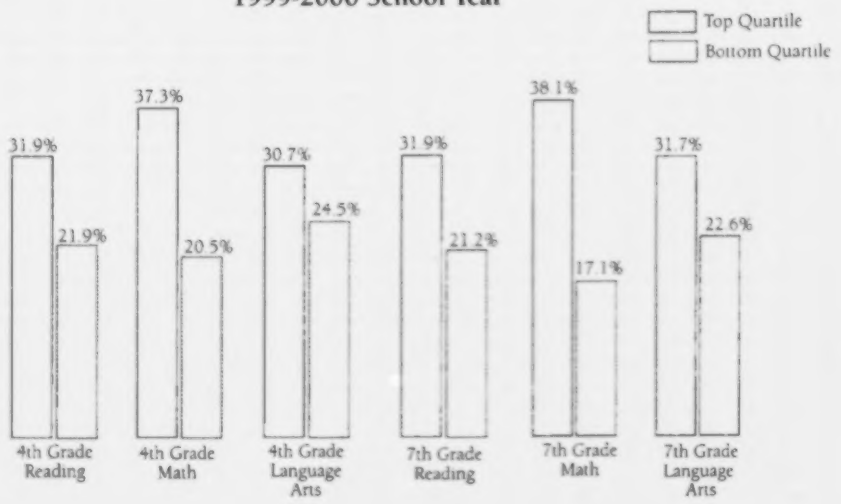
In any given state, if less than 25 percent of students score in the lowest quartile, and more than 25 percent score in the highest quartile, students in that state are doing better than the national average. Looked at another way, relatively more students are scoring higher and fewer are scoring lower.

Alaska's 4th and 7th graders scored above the national average in all three areas tested during the 1999-2000 school year. Alaska's scores were strongest in mathematics at both grade levels, with 37 to 38 percent of students scoring in the top quartile and only 17 to 21 percent in the bottom quartile.

Reading scores of Alaskan students were also well above the national average, with around 32 percent scoring in the highest quartile and 21 to 22 percent in the lowest quartile in both 4th and 7th grades.

In language arts, about 31 percent of 4th and 7th graders scored in the top quartile, while 23 to 25 percent scored in the bottom quartile.

Percentage of Alaska Students in 4th and 7th Grades Scoring within the First and Fourth Quartiles on the California Achivement Test (CAT-5)
1999-2000 School Year



Source: *Alaska Department of Education and Early Development*, Report Card to the Public, 1999-2000 School Year

Alaska Benchmark Assessment and HSGQE

Beginning in 2002, Alaskan students can't get high-school diplomas until they've passed an achievement test that includes reading, writing, and math sections. This test is a result of a state law enacted in 1997, and it's known as the Alaska High School Graduation Qualifying Examination (HSGQE). Students have the first opportunity to pass this test when they're in the 10th grade, with four more opportunities to pass each section while they're in high school.

Those who fail may continue trying for another three years after they've completed high school. Students who don't pass the exam will receive certificates of completion instead of high-school diplomas.

The Alaska Benchmark Assessment is an achievement test—also with sections in reading, writing, and math—that 3rd, 6th, and 8th graders take. This benchmark provides an early measure of students' academic abilities, and schools can use the results to better prepare students to pass the high-school exam.

Test Results

The results of the Spring 2001 benchmark tests and the high-school exam show:

- Younger students did better than older students. That was true of girls and boys and among children of all races.
- Reading proficiency peaked in the 8th grade, writing proficiency in 6th grade, and math proficiency in 3rd grade.
- Writing proficiency dropped most sharply between 8th and 10th grade, while the sharpest drop in math proficiency was between 6th and 8th grade. Then, between 8th and 10th grade, math proficiency again increased somewhat.
- At all grades, more students were proficient at reading than at writing or math—but in the lower grades, these differences were much smaller than they became in the higher grades.
- Girls in all grades did better than boys in reading and writing. In math, girls did at least as well as boys until slipping a bit behind in the 10th grade.
- White students consistently had the highest proficiency rates in all three areas, across all grade levels, while Alaska Native students had the lowest proficiency rates overall.
- Most students who are immigrants; whose English skills are limited; who come from low-income families; or who have disabilities failed the high-school exam in 10th grade. Less than one-quarter of students in these groups passed the writing and math tests.

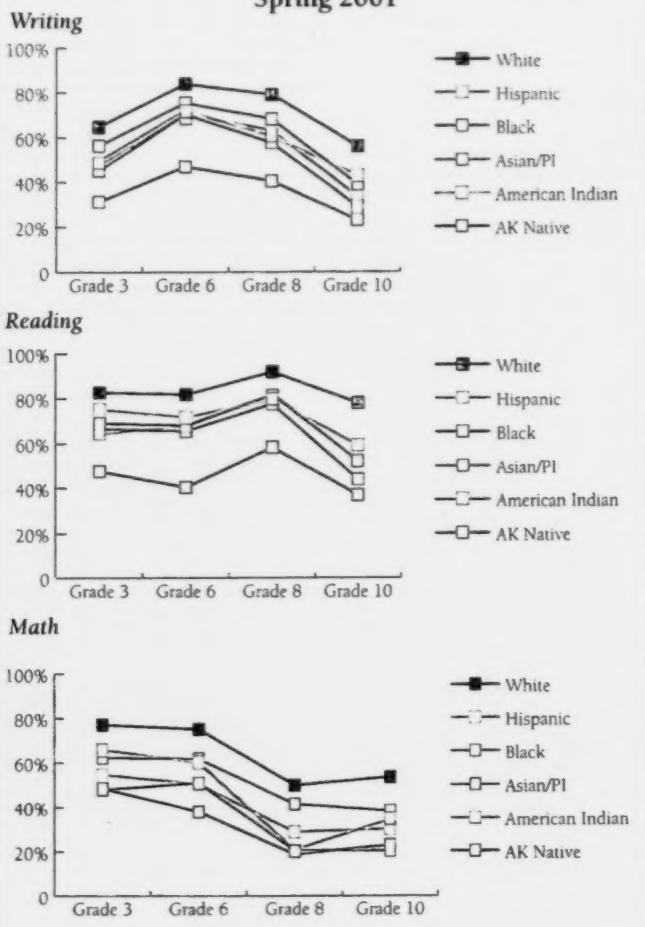
What Explains the Decline?

The decline in proficiency as students get older could be in part the result of challenges adolescents face as they go through high school. Research shows that among students who use alcohol or marijuana, most start around the age of 13, or at the beginning of high school.[12]

Also, many high-school students hold part-time jobs, and research has found that students who work while going to school are more likely to be under stress, to smoke, and to use alcohol and marijuana.[13] Other adolescent problems—including the increased self-consciousness and the search for a sense of identity that go along with the teenage years—may contribute to poorer test scores among some students.[14]

Students who aren't proficient with English often have academic difficulties—such as lower achievement scores—and may be more likely to drop out.[15] Older students from low-income families may lose focus on school achievement as they become more involved with activities outside school.[16]

Percentage of Alaskan Students, By Race,[a] Who Passed Benchmark and HSGQE[b] Tests, Spring 2001



[a]Students choose one race or ethnic group.
[b]High-school graduation qualifying exam

Source: *Alaska Department of Education and Early Development*

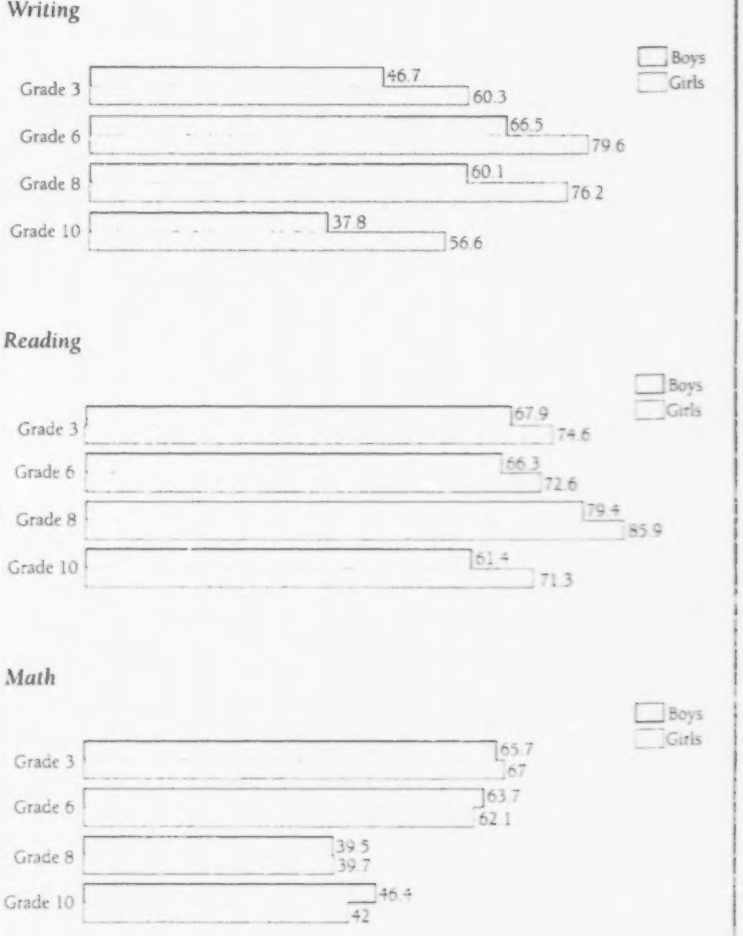
Improving School Achievement

Children who attend full-day kindergarten tend to have higher achievement scores throughout the elementary grades. These children are also less likely to repeat grades and tend to have better overall grades. Research has shown that attending kindergarten all day especially benefits children whose parents have low incomes or little education.[17]

Children with strong, enriching educational environments before they start elementary school also have higher achievement scores in elementary school.[18]

And the very high failure rate among students who have limited English skills, who come from low-income or immigrant families, or who have disabilities highlights the need for better programs to help these students.

Percentage of Alaskan Students, By Grade and Sex, Who Passed Benchmark and HSGQE* Tests, Spring 2001



*High-school graduation qualifying exam

Source: *Alaska Department of Education and Early Development*

NOTES FOR EDUCATION SECTION

[1] P. Ellickson, K. Bui, and R. Bell (1998). "Does early drug use increase the risk of dropping out of high school?" *Journal of Drug Issues*, Vol. 28 (2), pp.357-380.

[2] See note 1.

[3] Bachman et al., 1969, as cited in Ellickson, et al.,1998 (note 1).

[4] A. Sum, N. Fogg, and G. Mangum (2001). "Confronting the youth population boom: Labor market prospects of out-of-school young adults." *Challenge*, 44 (5), pp.30-66.

[5] J.L. Mahoney (2000). "School extracurricular activity participation as a moderator in the development of antisocial patterns." *Child Development*, 71 (2), pp.502-516.

[6] See note 4.

[7] *Youth Clips*. The Alaska Youth Data Project, Volume 1, Issue 3.

[8] K.L. Alexander, D.R. Entwisle, and C.S. Horsey (1997). "From first grade forward: Early foundations of high-school dropouts." *Sociology of Education*, 70(2), pp. 87-107.

[9] A. Caspi, B.R. Wright, T. E. Entner-Moffitt, and P.A. Silva (1998). "Early failure in the labor market: Childhood and adolescent predictors of unemployment in the transition to adult." *American Sociological Review*, 63(3), 424-451.

[10] J.C. Mijares (1997). "Early drug use and quits and discharges among adolescent males." *Journal of Socio-Economics*, 26(4), 439-458.

[11] L.J. Woodward and D.M. Fergusson (2000). "Childhood peer relationship problems and later risks of educational underachievement and unemployment." *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(2), 191-201.

[12] R. Kosterman, J. Hawkins, and J. Guo (2000). "The dynamics of alcohol and marijuana initiation: patterns and predictors of first use in adolescence." *American Journal of Public Health*, Vol. 90, No. 3 (March 2000), p. 360-66.

[13] R. E. Muuss and H. D. Porton (1998). "Increasing risk behavior among adolescents." *Adolescent behavior and society: A book of readings* (5th ed.); pp. 422-431.

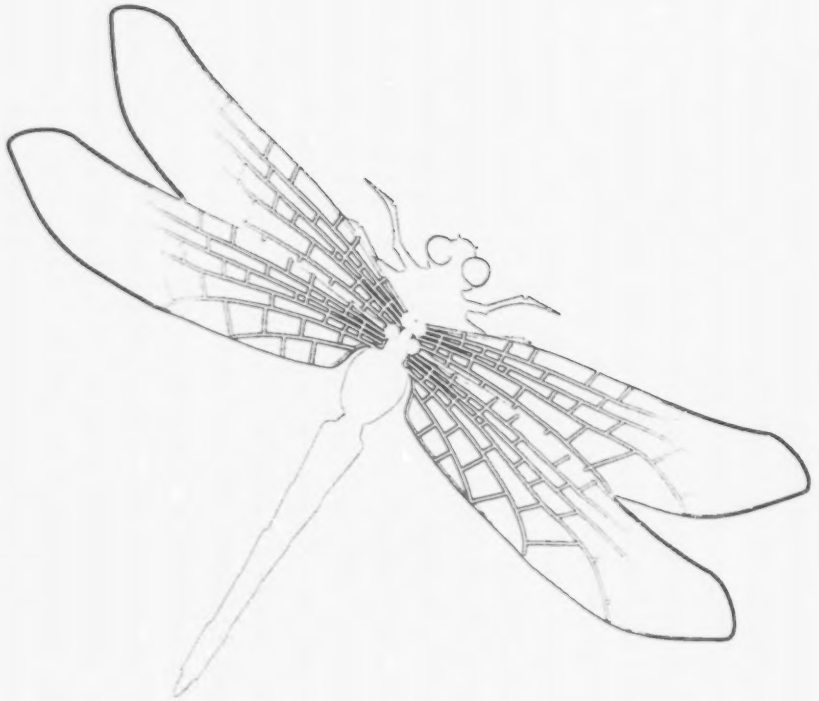
[14] L.R. Vartanian and K. K. Powlishta (2001). "Demand characteristics and self-report measures of imaginary audience sensitivity: implications for interpreting age differences in adolescent egocentrism." *The Journal of Genetic Psychology*, Vol. 162, No. 2 (June 2001), pp. 187-200.

[15] J. Wang and P. Goldschmidt (1999). "Opportunity to learn, language proficiency, and immigrant status effects of mathematics achievement." *Journal of Educational Research*, Vol. 93 (2), Nov-Dec 1999, pp. 101-111.

[16] L. Shumow, D.L. Vandell, and J. Posner (1999). "Risk and resilience in the urban neighborhood: Predictors of academic performance among low-income elementary school children." *Merrill-Palmer Quarterly*, Vol. 45(2), April 1999, pp.309-331; and D. R. Entwisle, K.L. Alexander, and O.L. Steffel (1994). "The gender gap in math: its possible origins in neighborhood effects" *American Sociological Review*, Vol. 59 (Dec.'94) pp. 822-838.

[17] Pennsylvania Partnership for Children (1999). *Learning to learn: Full-day kindergarten for at-risk kids.*

[18] L. J. Schweinhart and D.P. Weikart (1999). "The advantages of High/Scope: Helping children lead successful lives." *Educational Leadership*, 57(1), 76-77.



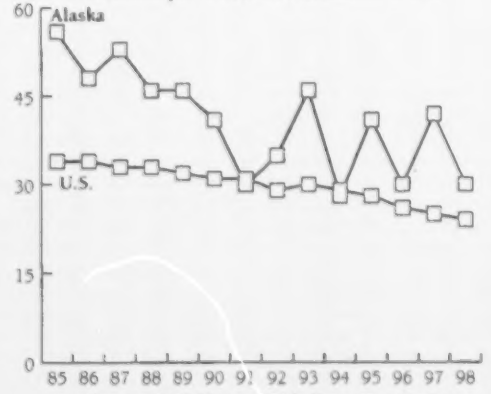
Children in Danger

Child Death Rate
Teen Violent Death
Child Abuse and Neglect
Child Injuries

Child Death Rate

Trend 1985 - 1998

(Deaths per 100,000, Children 1-14)



Source: 2001 *National Kids Count Data Book*

DEFINITION AND SIGNIFICANCE

The child death rate is the number of deaths per 100,000 children, ages 1-14, from both illness and injury. Regional statistics are based on the child's place of residence, not place of death.

Injuries kill most of the children who die in Alaska and nationwide—including injuries from vehicle and airplane crashes, drownings, fires, poisonings, and gunshot wounds. Many children could be saved if parents and other adults used infant car seats; insured that children wore helmets while riding bicycles, snowmachines, or all-terrain vehicles; maintained smoke detectors in homes; and kept firearms and poisons away from children.

DATA

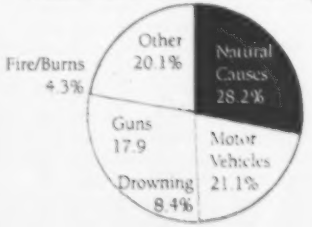
Alaska had one of the highest death rates among children in 1998: 30 per 100,000, compared with a national average of 24 per 100,000. The rate in the U.S. has declined steadily in recent years, but Alaska's rate fluctuates sharply from year to year, partly because the number of Alaskan children who die in any given year is—mercifully—small. So a small change in the *number* of deaths can make a significant difference in the *rate* of death in a given year. Looking at an average rate over a five-year period helps smooth out year-to-year fluctuations.

From 1995 through 1999, the death rate among Alaskan children averaged 33 deaths per 100,000 children. But the rate varied significantly among regions of the state—much higher in the Northern and Southwest regions and lower in Anchorage and Southeast Alaska.

How Did Alaska Children Die?

(Ages 1-17, 5-year Average, 1995-1999)

Causes of Death (In Percentages)



Manner of Death

(Number of Deaths, by Age, 1995-1999)

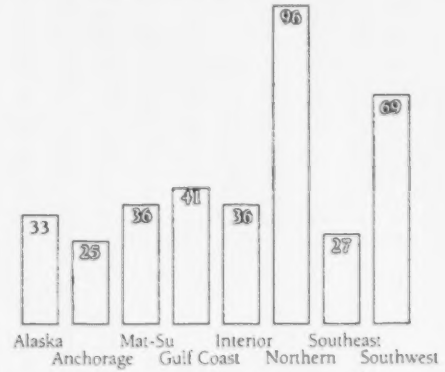
	1-4	5-9	10-17	Total	Percent
Natural Causes	40	22	42	104	28.2%
Accidents	51	35	88	174	47.2%
Suicides	0	1	47	48	13.0%
Homicides	8	5	21	34	9.2%
Other	2	0	7	9	2.4%
Total	101	63	205	369	100%

Source: *Alaska Bureau of Vital Statistics*

Child Death Rate by Region

(Deaths per 100,000, Children Ages 1-14)

5-Year Average, 1995- 1999

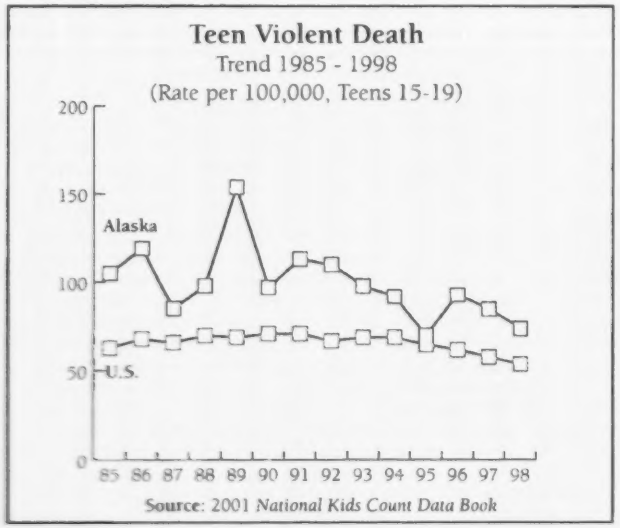


Source: *Alaska Bureau of Vital Statistics*

Among all Alaska children (through age 17) just under a third of the deaths between 1995 and 1999 were due to natural causes and the rest to injuries (see figure above).

Accidents accounted for nearly half of all the deaths, and homicides and suicides almost one quarter.

But with one exception, all the suicides were among older children (10 to 17). More than 90 percent of the younger children (through age 9) died from natural causes or accidents.



DEFINITION AND SIGNIFICANCE

This indicator measures the rate of violent death (from accidents, homicides, and suicides) per 100,000 teenagers ages 15 to 19. The national *Kids Count Data Book* for 2001 reports that more than three-fourths of deaths among teenagers nationwide in 1998 resulted from accidents, homicides, or suicides. Many of these deaths could be prevented.

DATA

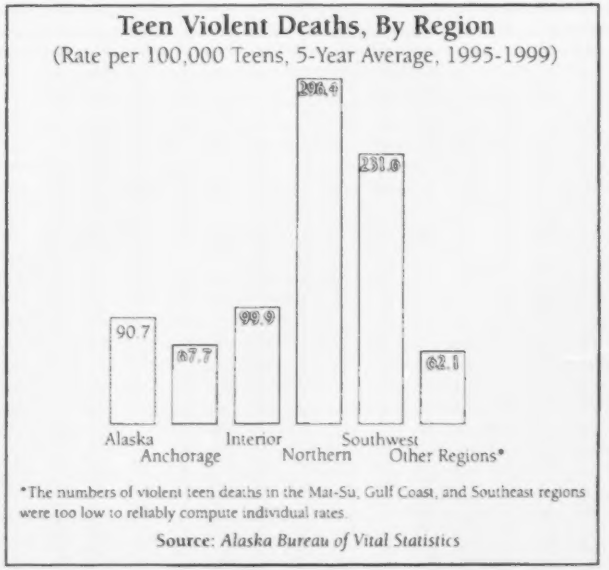
The rate of teen violent death in Alaska has been consistently higher than the national rate for almost 15 years—but how much higher varies sharply by year. That's because Alaska's rate is based on a small number of deaths (40 in 1998), so relatively modest changes in the *number* of deaths can cause fluctuations in the death *rate*.

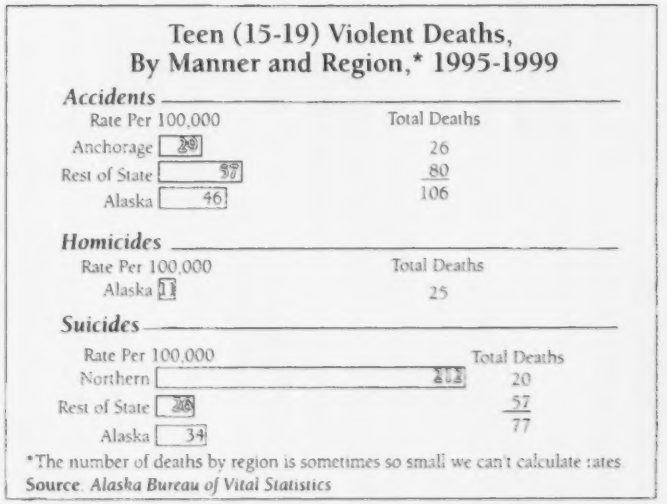
In 1998, Alaska's rate was 74 deaths per 100,000 teenagers, compared with a national rate of 54. Only nine states had higher rates. Since 1985, Alaska's rate has gone as high as 154 deaths per 100,000 in 1989 and as low as 70 in 1995.

To help adjust for sharp year-to-year fluctuations, we calculate regional rates within Alaska over a five-year period. On an annual average from 1995 through 1999, the violent death rate among Alaska's teenagers was 91 per 100,000. (We use the most current Alaska population numbers to calculate our five-year averages; the resulting rates are somewhat different from the national *Kids Count* calculations for Alaska.)

The violent death rate among Alaska's teenagers varies sharply by region. From 1995 through 1999, rates were the highest in the Northern and Southwest regions and lowest in the Anchorage, Mat-Su, Gulf Coast, and Southeast regions. Again, remember that numbers of actual deaths in regions of Alaska are very small.

Accidents accounted for more than half of all violent teen deaths in Alaska during the late 1990s. But as the adjacent figure shows, the rate of accidental death in Anchorage (29 per 100,000 teens) was only about half the rate in the remainder of the state (57 per 100,000).





SUICIDE: THE STAGGERING TOLL AMONG ALASKA TEENAGERS

Nearly half the violent deaths among teenagers in Alaska are intentional —homicides and suicides. And these deaths are three times more likely to be suicides than homicides. But the rate of teen suicide in Alaska varies dramatically by region, race, and gender.

During the 1990s the rate was highest in the Northern region, where teenagers killed themselves at a rate of more than 200 in 100,000. This was nearly 10 times the rate in the Anchorage and Mat-Su regions, 8 times the rate in the Gulf Coast, 5 times the rate in the Interior region, and double the rate in Southwest Alaska.

Boys committed suicide at a much higher rate than girls during the 1990s—at 61 per 100,000, nearly five times the rate of 13 per 100,000 among teenage girls. Girls, however, are much more likely to attempt suicide. State trauma registry data from 1994 through 1998 show that while 80 percent of actual teen suicides in Alaska were among boys, 72 percent of suicide attempts were among girls.[1]

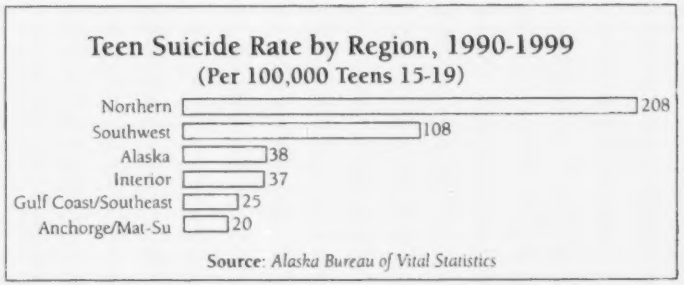
Alaska Native teens are much more likely than other Alaskan teenagers to commit suicide. Between 1990 and 1999, Alaska Native teens killed themselves at a rate of 110 per 100,000—nearly six times greater than the rate of 20 per 100,000 among non-Native teenagers.

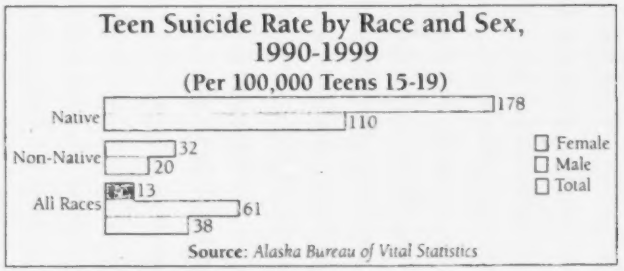
Citing the "devastating impact" of suicides on Alaska families and communities, Governor Tony Knowles in October 2001 established a Suicide Prevention Council to (1) advise the governor and the legislature on ways of preventing suicide and (2) develop a statewide suicide prevention plan involving both public agencies and private organizations.[2] Frank Murkowski, one of Alaska's U.S. senators, also in 2001 introduced federal legislation that will provide grants to elementary and high schools in Alaska and nationwide to develop suicide prevention programs and to train teachers and administrators to better recognize warning signs of suicide.[3]

1. Martha Moore, Alaska Division of Public Health, Section of Community Health and Emergency Medical Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1994-1998.*

2. Press Release 01218, Office of the Governor, October 1, 2001.

3. News from the Office of Frank Murkowski, "Murkowski Amendment Addressing Nationwide Tragedy," July 7, 2001.





Definition and Significance

Child abuse or neglect exists when parents or other adult guardians hurt or endanger children in their care—physically or mentally—or fail to protect them from such harm. Throughout the United States every year, hundreds of children, especially the youngest and most vulnerable (those under age 5), are killed by abuse, and thousands more are seriously hurt. Among those who survive, many spend the rest of their lives with severe physical and mental disabilities.

Investigation Procedures and Statistics

The Division of Family and Youth Services (DFYS) in the Alaska Department of Health and Social Services investigates reports of suspected child abuse and neglect in Alaska. Anyone who believes a child is in danger can file a report with DFYS, which screens the reports and assigns investigation priority by assessing the degree of potential risk to the child.

DFYS investigates most but not all reports it receives; in fiscal year 2000, it investigated close to 80 percent of total reports. (The state's fiscal year is from July 1 through June 30.) DFYS cites lack of staff as the chief reason for not investigating some reports of abuse it assesses as posing the lowest risk to children. (See the box on the facing page, describing a pilot program for families where reported "low risk" abuse might otherwise go uninvestigated.)

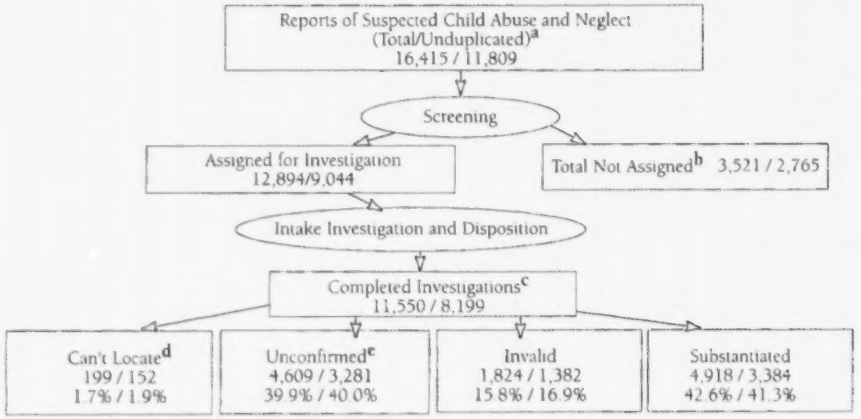
As the flow chart shows, DFYS received more than 16,400 *total* reports of abuse in 2000 and 11,809 *unduplicated* reports. Total reports include multiple or duplicated reports of suspected abuse of the same child. Unduplicated counts include each child only once, even if there are several reports concerning the same child. Total reports measure DFYS's workload; unduplicated reports show the number of individual children who may have suffered abuse.

Not all reports of abuse are substantiated. The flow chart shows that of the investigations DFYS completed in fiscal year 2000, about 41 to 43 percent involving approximately 3,400 children and 4,900 reports were substantiated.

DFYS classified another 40 percent of cases, involving more than 3,200 children and 4,600 reports, as "unconfirmed," which means the DFYS investigator was unable to determine from the evidence whether a child had in fact been abused or neglected.

In about 15 to 17 percent of reports in 2000, DFYS found there had been no abuse ("invalid" reports). In a few cases, it couldn't locate the children who had been reported as abused.

Overview of Child Protective Services, Fiscal Year 2000
Division of Family and Youth Services



[a] *Total reports of harm is a duplicated counted of all reports received; the unduplicated count includes only one report for each child, even if there is more than one report for the same child.*

[b] *Some reports are not assigned for investigation because DFYS does not have sufficient staff to investigate all reports classified as low priority; some can't be assigned for lack of information; and some are in fact not reports of child abuse but rather inquiries (like questions about food stamps) that DFYS records but refers to other divisions.*

[c] *These are investigations completed in FY 2000. The number completed doesn't necessarily match the number assigned for investigation. Some reports assigned in FY 2000 may not have been completed that year – and some reports completed in FY 2000 may have been assigned in an earlier year.*

[d] *Agency can't locate child or family.* [e] *Cases that may show evidence of abuse but not enough to confirm.*

Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

CHILD ABUSE BY TYPE

Neglect was the most frequent type of substantiated child abuse in Alaska in the late 1990s, as the figure below shows. From fiscal year 1996 through 2000, DFYS found evidence that an annual average of about 9 in 1,000 Alaskan children had been neglected, 4 per 1,000 children had been physically abused, and between 1 and 2 per 1,000 had been sexually abused.

CHILD ABUSE BY RACE

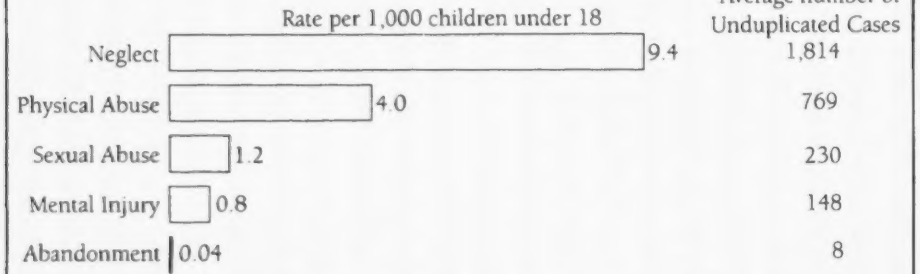
Alaska Native and Black children were the most likely to be neglected or abused.

TRENDS IN CHILD ABUSE

Reports of suspected child abuse and neglect increased from 1996-2000 (see table, page 54). DFYS received about 55 unduplicated reports of abuse for every 1,000 Alaskan children under 18 in 1996; by 2000 the rate had jumped to 61. Rates of substantiated abuse also increased during the late 1990s, from about 14 per 1,000 to 17.5 per 1,000. Still, these rates were lower than they had been in the early 1990s (see page 12).

Substantiated Child Abuse and Neglect Among Alaskan Children, By Type of Abuse

(Annual Average, Fiscal Years 1996 to 2000)



Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

THE CHILDREN'S PLACE DUAL-TRACK PROGRAM: A PILOT PROJECT TO REDUCE CHILD ABUSE

Information provided by Marg Volz, Executive Director, The Children's Place, Wasilla, Alaska

The Alaska Division of Family and Youth Services (DFYS) investigates reports of child abuse, but it doesn't have enough staff to investigate every report it finds poses a "low risk" of harm to children. The Dual Track program was a pilot project—carried out by the Children's Place in Wasilla from 1999 through 2001—to reduce the likelihood of future child abuse among families in the Mat-Su Borough that had been reported for child abuse classified as "low risk." The program was voluntary and was intended to be less costly (and less threatening) than a state child abuse investigation. It was paid for with a grant from the Alaska Department of Health and Social Services.

Before 1999, the Palmer office of DFYS recorded but had insufficient staff to investigate nearly 500 "low risk" reports of child abuse each year. While the program was in operation, DFYS's Palmer office referred all the low-risk reports that would otherwise have gone uninvestigated to the Children's Place. In turn, The Children's Place staff intervened with these families and remained involved with them for three months, providing case management.

Researchers evaluated the Dual Track program after it was completed, examining whether the program accomplished its purposes and assessing how satisfied client families, community agencies, and DFYS were with the project. The evaluators found that overall "The Dual Track program made clear progress toward providing early intervention in cases that would otherwise leave children at-risk of abuse and neglect."* Other findings included:

- In the two years before the Dual Track program began in the Mat-Su Borough—the baseline period—more than 1 in 3 families with "low risk" reports of child abuse were re-reported to DFYS at least once within 24 months. By comparison, 1 in 4 families served by the Dual Track program were re-reported within 24 months.
- Families in the Dual track program also had significantly fewer total re-reports of harm within 24 months than families during the baseline period, and re-reports of harm were significantly less serious among Dual Track families than among comparable families during the baseline period.
- Client families reported that Dual Track workers treated them with sensitivity.
- DFYS staff, community agency staff and managers, and school personnel said the Dual Track program filled "an unmet need in the community by providing a service with the potential for reducing harm to at-risk children."
- The Dual Track approach may provide a workable alternative to DFYS reports that might otherwise go uninvestigated and could offer a model of early intervention for communities around the state.

*C. Lampman, N. Dinges, and S. Ragan, *The Children's Place Dual Track Program: Final Evaluation Report*, November 2001.

SUBSTANTIATED CHILD ABUSE AND NEGLECT AMONG ALASKAN CHILDREN, BY RACE AND TYPE OF ABUSE (ANNUAL AVERAGE FISCAL YEARS 1996-2000)

(Average Number Unduplicated Cases and Rate per 1,000 Children Under 18)

	Neglect		Physical Abuse		Sexual Abuse		Mental Injury		Abandonment		Total	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
White	518	3.8	365	2.7	127	0.9	69	0.3	3	n/a*	1,081	7.7
AK Native	1,050	23.7	252	5.8	105	2.4	45	0.6	4	n/a*	1,456	32.6
Black	122	12.9	64	6.8	14	1.5	16	n/a*	0	n/a*	216	21.8
Asian/PI	26.4	2.7	25	2.3	6	n/a*	6	n/a*	0	n/a*	64	5.6

* Rate not available because numbers of cases too small.

Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

TRENDS IN CHILD ABUSE AND NEGLECT, FISCAL YEARS 1996-2000

(Number of Unduplicated Cases and Rates per 1,000 Children Under Age 18)

	FY96		FY97		FY98		FY99		FY 00	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Reported	10,675	55.6	10,565	55.2	11,158	57.8	11,303	58.2	11,809	61.0
Not Assigned	3,606	-	3,520	-	3,219	-	3,242	-	2,765	-
Completed Investigations*	6,537	34.0	7,866	41.1	7,724	40.0	6,872	35.4	8,199	42.3
Substantiated	2,701	14.0	3,040	15.9	3,131	16.2	2,834	14.6	3,384	17.5
Unconfirmed	3,322	17.3	4,154	21.7	3,696	19.1	3,119	16.0	3.281	17.0
Invalid	439	2.3	575	3.0	771	4.0	807	4.1	1.382	7.1
Can't Locate	75	0.4	97	0.5	126	0.7	112	0.6	152	0.8

*Investigations completed in any given year may have begun in an earlier year.

Source: *Alaska Department of Health and Social Services, Division of Family and Youth Services*

Resources to Help Prevent Abuse

Below we list Web sites for some of the organizations and programs that work to prevent child abuse.

AK Info Network:
www.ak.org

Alaska Children's Trust:
www.eed.state.ak.us/EarlyDev/trust/home.html

Alaska Family Partnership
(Fairbanks Native Association):
www.alaskafamily.org

Alaska Division of Family and Youth Services:
www.hss.state.ak.us/dfys/

Administration for Children and Families:
www.acf.dhhs.gov/

American Professional Society on Abuse of Children:
http://www.apsac.org

Family Support America:
www.familysupportamerica.org

National Alliance for Children's Trust and Prevention Funds:
www.msu.edu/user/millsda/index.html

National Child Abuse Prevention Network:
http:child-abuse.com/

National Data Archive on Child Abuse and Neglect:
www.ndacan.cornell.edu/

Stop It Now (Child Sexual Abuse Prevention):
www.stopitnow.com

Partnership Against Violence Network:
www.pavnet.org/

Definition

The injury figures presented here include physical injuries to Alaskan children (through age 19) that are serious enough to require medical attention or to cause death. Injuries can be either accidental or intentional. Hospitalizations or deaths caused by illnesses are excluded.

Data

The Alaska Department of Health and Social Services reports that from 1990 through 1998, Alaska dropped from first to fourth nationally in rates of child deaths from injuries. But Alaska's rate is still 60 percent above the U.S. average, with rates of death from suicides, firearms, drowning, suffocation, and fires especially high as compared with national averages.[1]

The department reported that for the period from 1994 through 1998:

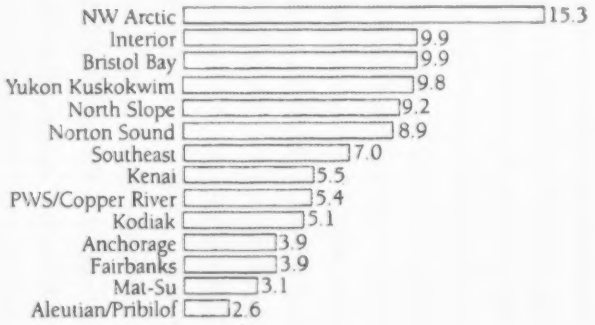
- *Boys were nearly twice as likely as girls to be injured*, accounting for 62 percent of injuries.
- *Serious and fatal injuries were most common among adolescents* (15 to 19), accounting for more than 40 percent of all injuries.
- *Accidental injuries accounted for most of the hospitalizations for injuries.* But suicide attempts accounted for more than 1 in 10 hospitalizations.
- *Alaska Native children and adolescents were injured at much higher rates* than other children. They suffered more than 40 percent of injuries, while making up about 22 percent of children.

The Department of Health and Social Services reports rates of injury among children in 14 regions, as shown on the map on the facing page. During the period from 1994 through 1998:

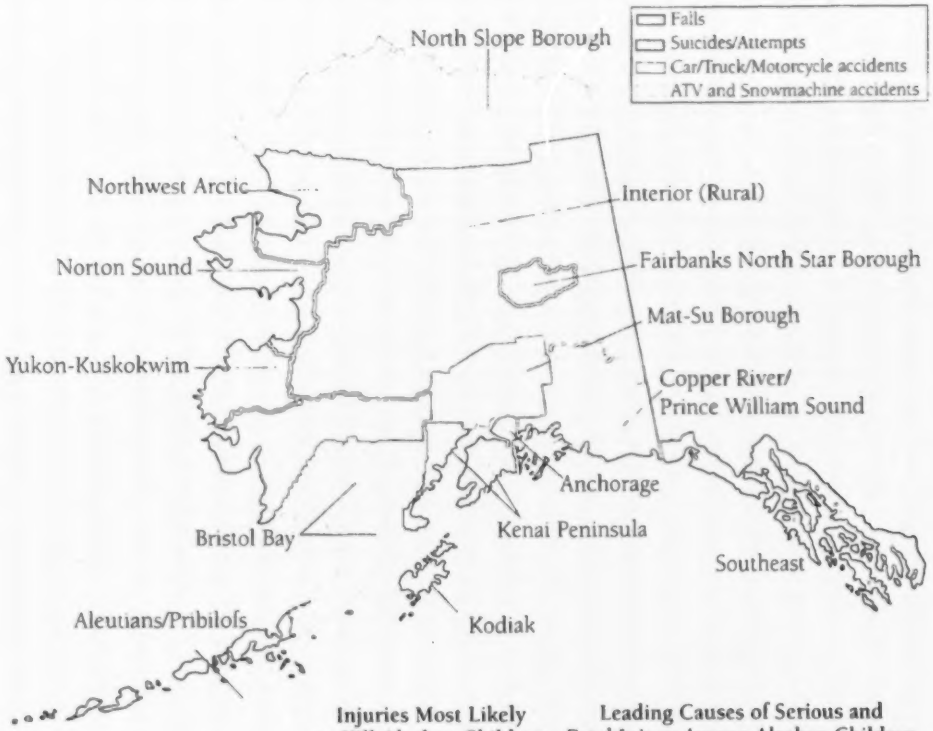
- *About a third of the injured children were in Anchorage*—where 40 percent of children live—but *rates* of injury were higher in rural areas.
- *Children in rural areas—Northwest Arctic, Interior, Bristol Bay, Yukon/Kuskokwim, North Slope, Norton Sound—were hurt or killed* at rates two to three times higher than children in urban areas.
- *Injury rates were highest in the Northwest Arctic*, at 15.3 per 1,000 children and lowest in the Aleutians, at 2.6 per 1,000. Rates in other regions (as the adjacent bar graph shows) varied from 3.1 per 1,000 to 10.
- *Suicides and suicide attempts were the leading cause of injuries among children in five regions*, accounting for close to 20 percent of deaths and serious injuries in the Interior, the Fairbanks North Star Borough, the Northwest Arctic, Norton Sound, and the Yukon-Kuskokwim regions. Almost all suicides were among those 15 to 19.
- *Falls were the top cause of injury in six regions*, including much of Southcentral and Southeast Alaska, accounting for around 22 percent of injuries.
- *Traffic accidents injured the most children in the Mat-Su Borough*, accounting for 26 percent of deaths and serious injuries.
- *Accidents with all-terrain vehicles and snowmachines were the leading cause of injury* to children on the North Slope and in the Bristol Bay region. Combined, ATV and snowmachine accidents caused about 22 percent of serious and fatal injuries to children in those regions.

Rates of Injury (Fatal and Serious Non-Fatal) Among Children, By Region, 1994-1998

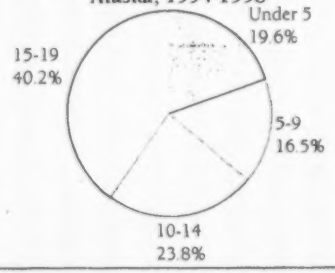
(Per 1,000, Ages 19 and Under)



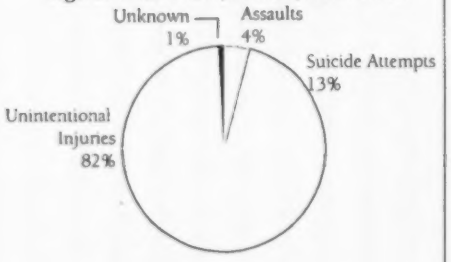
Leading Cause of Death and Serious Injury, By Region



Percent of Fatal and Serious Non-Fatal Injuries by Age, 19 and Under, Alaska, 1994-1998



Percent of Injury Hospitalizations by Type, Age 19 and Under, Alaska, 1994-1998



Injuries Most Likely to Kill Alaskan Children, 1994-1998

1. Suicides
2. Car/Truck/ Motorcycle accidents*
3. Assaults
4. Fire

Leading Causes of Serious and Fatal Injury Among Alaskan Children, 1994-1998

1. Falls
2. Suicides/Attempts
3. Car/Truck/ Motorcycle accidents*
4. ATV and Snowmachine accidents

* In a survey done for the Alaska Highway Safety Office in 2000, ISER found that only 57 percent of children riding in the front passenger seats of cars and trucks in the most populated areas were wearing seatbelts.

Source: *Alaska Department of Health and Social Services, Division of Public Health, Section of Community Health and Emergency Medical Services*

Snowmachines, All-Terrain Vehicles, and Children: Why Worry?

Long winters and vast areas without roads make snowmachines and all-terrain vehicles (ATVs) more useful in Alaska than in any other state. They're popular among people who use them for basic transportation and people who ride them for fun—and among people who use them for all sorts of purposes in between necessity and recreation.

But they're also heavy, fast, motorized vehicles that children often drive—at high speeds in areas with unpredictable hazards. From 1994 through 1999, 14 children and teenagers were killed driving or riding on snowmachines and ATVs in Alaska. As page 57 shows, snowmachine and ATV accidents are among the leading causes of injuries to young Alaskans (19 and under), and in two rural areas they were the leading cause of injury between 1994 and 1998.

Estimated Numbers in Alaska

- Snowmachines: 60,000 to 90,000 (about 35,000 are registered)[2]
- ATVs: In the range of 40,000 to 50,000[3]

Existing State Regulations

- State law requires snowmobiles to be registered, but only an estimated third to half of snowmobiles in Alaska were registered in 2001. ATVs don't have to be registered.
- Anyone operating a motor vehicle—including snowmachines and ATVs—on public property in Alaska is required to have a driver's license, for which the minimum age is 16. But this law has gone unenforced in the past, and in early 2002 the Alaska Legislature was considering whether to exempt ATVs and snowmachines.[4]

Stephen Tower, an orthopedic doctor practicing in Anchorage, has long argued that the high number of Alaskans—especially children and teenagers—who are killed, hospitalized, and disabled in snowmachine and ATV accidents every year calls for better state regulation of these vehicles. Dr. Tower reports:

We reviewed data from the State of Alaska's trauma registry and the state medical examiner's records for 1996-1999 and found that the rate of snowmachine-related death and hospitalizations is on average increasing 10 percent a year, compared with previous data reviews. About 20 percent of those hospitalized are minors and 20 percent have traumatic brain injury.

ATV injuries are also concerning, with 40 percent of those hospitalized being minors and 40 percent suffering traumatic brain injury. The ongoing effects of brain injury in minors place an irreparable burden not only on the children themselves but on society, which loses their potential.

Based on data I've seen, the following are reasonable estimates of the combined toll of unfettered snowmachine and ATV use in Alaska:

- ***30-50 deaths per year***
- ***5 percent of the dead will be pedestrians***
- ***300-400 hospitalizations per year***
- ***2,000-3,000 hospital days for treating the injured***
- ***A third of the injured will be minors***
- ***A third of the injured will have traumatic brain injury***
- ***The annual bill just for initial hospitalizations will be more than $6 million***
- ***About half the costs of treating injuries will fall on the public***

- No state law requires drivers or riders on snowmachines or ATVs to wear helmets.
- The state does not require operator training or insurance for snowmachines or ATVs. State agencies reported in early 2002 that they were working with snowmachine organizations to establish a state safety education program.[5]
- No speed limits are set for off-road use. Some areas are closed to snowmachines and ATVs.

National Consent Agreement for ATVs

In the 1980s, alarmed by the growing number of deaths and injuries from ATV accidents nationwide, the federal Consumer Product Safety Commission began investigating ATV hazards. The result was a 1988 agreement between the commission and major ATV manufacturers, under which the manufacturers agreed to stop selling three-wheeled ATVs (which were found to be far more dangerous than four-wheeled vehicles); to stop selling adult-sized ATVS (generally defined as those with engines larger than 90cc) for use by children under 16; and to pay for nationwide training and education programs for ATV buyers.

That agreement was extended in 1998, with ATV manufacturers agreeing to pay for a nationwide "education safety campaign emphasizing the risk created when children younger than 16 operate or ride on adult-sized ATVs," and to continue restricting sales of ATVs to or for use by children under 16.[6]

The consumer safety commission reported that ATV-related injuries nationwide dropped by about half between 1986 and 1997, and that annual deaths dropped about one quarter during that decade. Injuries to children under 16 declined from 42,700 in 1985 to about 21,300 in 1997.

But although the total *number* of injuries dropped, the *percentage* of injuries and deaths to children remained about the same: 40 percent of those injured and 35 percent of those who died were children under 16. Nearly all the injured children were driving ATVs larger than recommended for their age, according to the consumer safety commission.[7]

What Should Change?

Most Alaskans agree that adults ought to take more responsibility for protecting children driving powerful machines. But they strongly disagree about whether that protection ought to be through state regulation, through required education and driver training, or through parental oversight.

The American Academy of Pediatrics and the Alaska State Medical Society want children and young teenagers to be barred from driving snowmachines or ATVs; for helmet use to be mandatory; for operator training to be encouraged; and for pedestrian and machine traffic to be separated in high-use areas.

Some Alaskans argue that children under 16 can safely operate snowmachines and ATVs and that in fact it would be a hardship to keep them from driving. Rural Alaskans use off-road vehicles for everything from traveling between villages to hauling water in communities without piped water systems.

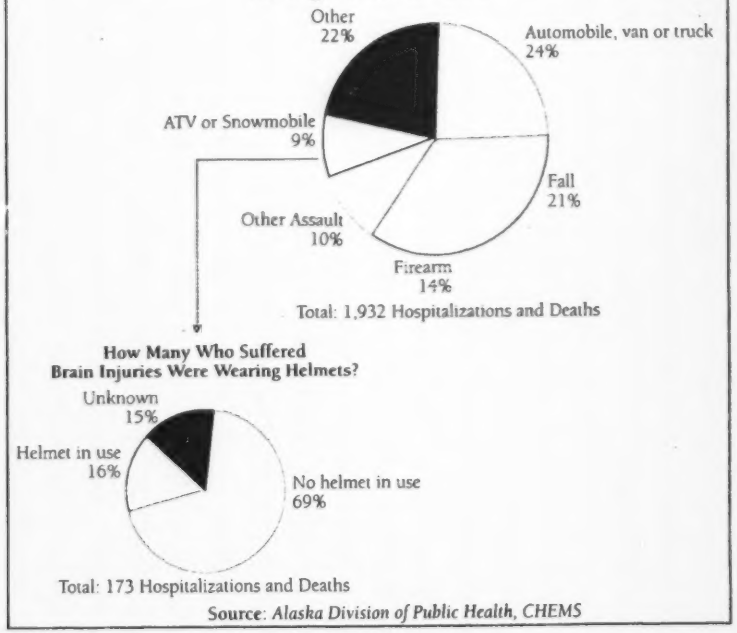
But at a minimum, if children wore helmets, Alaska would see far fewer injuries and deaths in snowmachine and ATV acccidents.

The adjacent pie graphs show that nearly 10 percent of Alaskans (of all ages) who suffered brain injuries in the late 1990s were hurt or killed in snowmachine and ATV accidents—and that only about one in six of those were wearing helmets.

And it's not only children on snowmachines and ATVs but also on bicycles that could be spared death or lifelong impairment if they wore helmets.

The state Division of Public Health reports that between 1994 and 1998, bicycle accidents killed five children in Alaska and sent 200 more to the hospital—with a third of those suffering brain injuries. Most weren't wearing helmets. Studies have shown that helmet use can reduce traumatic brain injury by as much as 85 percent among children in bicycle accidents.[8]

Figure 3. Causes of Traumatic Brain Injuries in Alaska, All Ages, 1996-1998



Source: *Alaska Division of Public Health, CHEMS*

NOTES FOR CHILDREN IN DANGER

[1] Martha Moore and Zoann Murphy, Alaska Department of Health and Social Services, Section of Community Health and Emergency Medical Services. *Serious and Fatal Child and Adolescent Injuries in Alaska 1994-1998.*

[2] Number registered and estimate of total provided by Alaska Division of Motor Vehicles, which reports that the estimate was developed through sales figures.

[3] Rough estimate provided by private ATV dealer familiar with the Alaska market over a long period. No state or federal agency has an estimate of the number of ATVs in Alaska.

[4] *Alaska Snowmobile Safety Laws, Rules, and Regulations, 2001-2002.* Produced by Alaska Department of Transportation and Alaska Department of Natural Resources, Division of Parks and Outdoor Recreation. See also *Anchorage Daily News*, February 23, 2002, "Bill to halt license requirement for snowmobiles clears committee."

[5] *Alaska Snowmobile Safety Laws* ... (see note 4).

[6] U.S. Consumer Product Safety Commission, News Release 88-016, March 14, 1988; and News Release 99-034, December 9, 1998.

[7] U.S. Consumer Product Safety Commission, *All-Terrain Vehicle Exposure, Injury, Death, and Risk Studies*, April 1998.

[8] National Safe Kids Campaign, as cited in Alaska Department of Health and Social Services, Section of Community Health and Emergency Medical Services, *Serious and Fatal Child and Adolescent Injuries in Alaska, 1991-1994.*

SEXUALLY TRANSMITTED DISEASES (STDS) INCREASE AMONG ALASKA TEENAGERS

Cases of chlamydia were up in Alaska in 2000, with teenage girls and young women suffering the highest rates, according to the Section of Epidemiology in the Alaska Department of Health and Social Services. Cases of gonorrhea were also up somewhat, but overall rates of gonorrhea in Alaska have been declining for a decade. The section of Epidemiology reports:

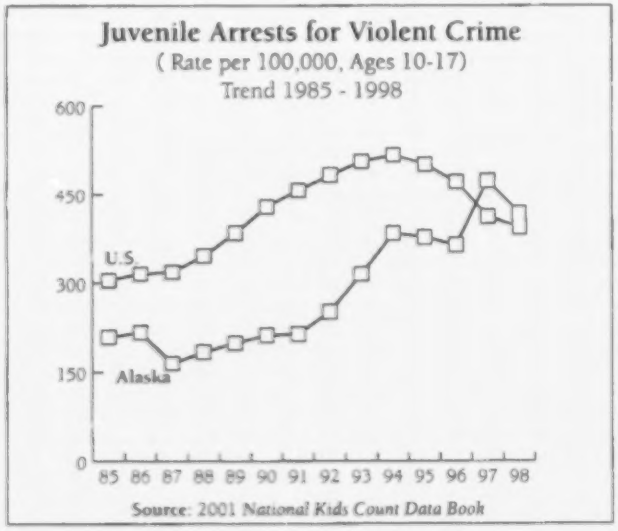
- Overall reports of chlamydia in Alaska were up 36 percent between 1999 and 2000, increasing to 2,570 cases. That put Alaska's rate at 413 cases per 100,000 population. The national rate in 1999 was 254 per 100,000. Alaska's rate of chlamydia has been steadily climbing since 1996.

- In 2000, the chlamydia rate among teenage boys 15-19 was 794 per 100,000; among teenage girls the rate was 3,225 cases per 100,000–more than 10 times the overall state rate.

- Reports of gonorrhea in 2000 were much smaller–362 cases–but they were up 20 percent over 1999. The rate of gonorrhea in Alaska fell sharply between 1990 and 1999, but was up in 2000. Still, Alaska's overall rate in 2000–58 cases per 100,000–was far below the rate of 214 per 100,000 in 1990. Alaska's 2000 rate of gonorrhea was only about half the national average.

- Teenage girls and young women had the highest gonorrhea rates. Among girls 15-19, the rate was 226 per 100,000–compared with a rate of 55 per 100,000 among boys 15-19. Remember, these rates are based on relatively small numbers of cases.

Juvenile Crime



DEFINITION

This section shows two measures of juvenile crime, based on different sources and definitions. The trend graph above shows the rate of arrests for violent crime (homicide, manslaughter, rape, robbery, and aggravated assault) among persons 10-17, in Alaska and on average nationwide.[1] Those figures are reported by the national *Kids Count* program and are based on adjusted data from the Federal Bureau of Investigation (FBI).

Other tables and figures in this section are based on data from the Division of Juvenile Justice in the Alaska Department of Health and Social Services. They reflect delinquency reports received by the division. They include all reports of juvenile crime in Alaska—both violent and other. Keep in mind that while these delinquency reports are the best measure we have of "juvenile crime," a report is not the same as proof of guilt. Almost all the juveniles who go through the state's juvenile justice system are ages 10-17.[2]

DATA

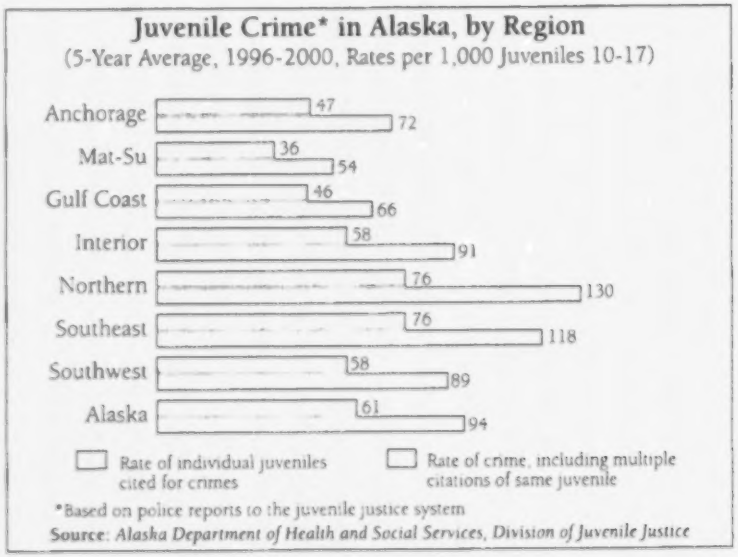
The trend graph (based on federal statistics) shows the rate of juvenile arrests for violent crime increasing sharply in Alaska in 1997, while dropping nationwide. In 1998, the most recent year for which we have federal figures, juvenile arrests in Alaska dropped—putting the rate at 417 arrests per 100,000 juveniles, compared with the national average of 394 per 100,000.

Remember, however, that because Alaska's population is small—with only about 89,000 persons ages 10-17 in 2000—a small change in the *number* of juveniles committing crimes can make a noticeable change in the *rate* of crime.

On average, the Division of Juvenile Justice in the Alaska Department of Health and Social Services received about 8,100 reports of juvenile crime in Alaska each year between 1996 and 2000. The rate of individual juveniles cited in crime reports during that period was 61 per 1,000. Looked at another way, police referred about 6 percent of Alaska's juveniles to the juvenile justice system.

The *rate* of juvenile crime (which counts multiple referrals of the same juvenile) was 94 per 1,000—or close to 10 per 100 juveniles. Rates of reported crime were highest in the Northern and Southeast regions and lowest in the Mat-Su and Gulf Coast.

Total rates of juvenile crime dropped in all regions of Alaska from the early to the late 1990s (as we reported on page 15). Remember that these rates are based on all types of juvenile crime, of which crimes against property are the most common.


Juvenile Crime* in Alaska, by Region
(5-Year Average, 1996-2000, Rates per 1,000 Juveniles 10-17)
Anchorage 47 72
Mat-Su 36 54
Gulf Coast 46 66
Interior 58 91
Northern 76 130
Southeast 76 118
Southwest 58 89
Alaska 61 94
Rate of individual juveniles cited for crimes
Rate of crime, including multiple citations of same juvenile
*Based on police reports to the juvenile justice system
Source: Alaska Department of Health and Social Services, Division of Juvenile Justice

Crimes against property accounted for more than half of all juvenile crime throughout Alaska between 1996-2000. Crimes against persons made up about 18 percent of juvenile crime statewide. Violations of drug and alcohol laws accounted for about 9 percent of juvenile crime statewide. Other kinds of juvenile crime—including violations of weapons laws and public order laws—accounted for another 18 percent of reported juvenile crimes statewide.

Boys in Alaska and across the U.S. are much more likely to commit crimes than are girls. Nearly three quarters (72 percent) of the juveniles referred to the Division of Juvenile Justice from 1996 through 2000 were boys.

The adjacent table shows reported juvenile crime in Alaska by region in recent years. Crimes against property were by far the most common crimes in all regions, accounting for close to 55 percent of crimes statewide. Crimes against persons made up less than 20 percent of juvenile crimes in most regions, but in the Southwest almost a third of crimes were against people.

The tables on the facing page show the current breakdown of Alaska's juvenile population, and of juvenile crime, by race and region.

Overall, Alaska Native and Black juveniles are reported as delinquent at disproportionately higher rates, compared with their representation in the population, and White juveniles at lower rates. Delinquency rates for Asian juveniles appear similar to their share of the population.[3]

RECENT RESEARCH FINDINGS

Recent research suggests that boys and girls who were involved in extracurricular school activities are less likely to be arrested when they become young adults. Such activities may help children at higher risk of committing crimes to strengthen bonds with their peers and teachers. Activities also keep them busy and instill values they might not be exposed to elsewhere.[4]

Longitudinal data reveal that stealing, cheating, skipping school, getting poor grades, abusing substances, and being exposed to peers who use drugs in 7th grade are all significant predictors of violence in 12th grade students.[5]

But early predictors of juvenile violence can differ for girls and boys. Low self-esteem and socioeconomic status in junior high are associated with later violent behavior among teenage girls but not boys. Frequently moving or changing schools and being exposed to pro-drug social influences during the pre-teen years are significant predictors of later violence among boys.[6]

These findings about early influences on later crime make it clear that prevention programs need to begin in elementary school. Families, schools, and communities need to intervene when a child first shows signs of trouble and follow through to make sure that children understand the consequences of their behavior.[7]

ANNUAL JUVENILE DELINQUENCY REPORTS[a] BY REGION AND TYPE OF CRIME (AGES 10-17, 5-YEAR AVERAGE, FISCAL YEARS 1996-2000[b])

Region	Crimes Against Persons		Crimes Against Property		Drug/Alcohol Laws		Other[c]		Total[d]	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Anchorage	454	14.5%	1,681	53.8%	249	8.0%	739	23.7%	3,123	100%
Mat-Su	136	18.0%	442	58.6%	75	10.0%	101	13.4%	754	100%
Gulf Coast	154	19.6%	432	55.1%	86	11.0%	112	14.3%	784	100%
Interior	216	20.1%	560	52.0%	140	13.0%	160	14.9%	1,076	100%
Northern	130	18.6%	405	58.0%	38	5.4%	126	18.0%	699	100%
Southeast	198	19.0%	576	55.4%	113	10.9%	153	14.7%	1,040	100%
Southwest	178	29.8%	299	50.0%	33	5.5%	89	14.9%	599	100%
Alaska	**1,466**	**18.1%**	**4,395**	**54.4%**	**734**	**9.1%**	**1,480**	**18.3%**	**8,075**	**100%**

[a] Reports police send to probation officers, who then investigate. These are duplicate counts–meaning they include more than one reported crime by the same juvenile; duplicated counts show the overall level of reported juvenile crime.

[b] The state fiscal year is from July 1 through June 30.

[c] Includes violations of public order laws, weapons laws, and miscellaneous other offenses.

[d] Annual average number of crimes.

Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice*

ALASKA POPULATION AGES 10-17, BY RACE AND REGION, 2000

	White	Native	Black	Asian	NH/PI*	More than one race	Other
Anchorage	65.7%	8.3%	6.7%	6.0%	1.4%	9.5%	2.4%
Mat-Su	84.2%	6.7%	0.6%	0.5%	0.1%	6.7%	1.1%
Gulf Coast	77.0%	11.2%	0.4%	3.8%	0.4%	5.9%	1.3%
Interior	68.8%	15.1%	5.0%	1.4%	0.3%	8.0%	1.3%
Northern	7.2%	84.3%	0.2%	1.1%	0.4%	6.6%	0.2%
Southeast	63.4%	20.5%	0.2%	3.5%	0.3%	10.9%	0.8%
Southwest	9.1%	83.7%	0.3%	0.9%	0.07%	5.7%	0.3%
Alaska	**62.4%**	**17.9%**	**3.5%**	**3.5%**	**0.7%**	**8.3%**	**1.5%**

*Native Hawaiian or Pacific Islander

Note: Persons of Hispanic origin can be of any race.

Sources: *Kids Count Website: U.S. Bureau of the Census, 2000*

REPORTS OF DELINQUENT JUVENILES* (10-17), BY RACE AND REGION

(In Percentages, Fiscal Years 1996-2000)

Region	AK. Native	Black	White	Asian/Pacific Isl.	Hispanic and Other	Total Number Juveniles Committing Crimes
Anchorage	15.8%	14.0%	58.7%	6.7%	4.9%	10,350
Mat-Su	8.0%	1.4%	86.9%	0.3%	3.5%	2,535
Gulf Coast	12.3%	1.2%	76.3%	5.2%	4.9%	2,733
Interior	29.0%	9.5%	56.0%	0.8%	4.7%	3,440
Northern	89.7%	0.8%	4.2%	1.2%	4.1%	2,034
Southeast	35.6%	0.9%	46.5%	1.4%	15.6%	3,365
Southwest	90.8%	0.3%	7.1%	0.2%	1.7%	1,947
Alaska	**30.1%**	**7.2%**	**53.3%**	**3.6%**	**5.8%**	**26,404**

*Unduplicated reports of juvenile crime–which means if a juvenile was the subject of three delinquency reports in fiscal year 1996 and four in fiscal year 1998, the juvenile would be counted once in each year.

Note: Percentages may total slightly more or less than 100 because of rounding.

Source: *Alaska Department of Health and Social Services, Division of Juvenile Justice.*

Restorative Justice: Re-Building Healthy Relationships

By Robert Buttcane, Division of Juvenile Justice
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In 1999, the Division of Juvenile Justice was established within the Alaska Department of Health and Social Services. Before that, juvenile justice had been the responsibility of a section within the Division of Youth and Family Services. Establishing a separate division for juvenile justice recognized the importance of the work and reflected the commitment of the state administration, the legislature, and the juvenile justice staff—as well as communities—to dealing with juvenile justice issues.

The division operates under the principles of "restorative justice," as cited in Alaska law and reflected in the division's mission:

- *Holding juvenile offenders accountable for their behavior*
- *Promoting safety and restoration of victims and communities*
- *Helping offenders and their families develop skills to prevent crime*

Restorative justice requires the Division of Juvenile Justice to help heal individuals and communities that have been injured by crime and to provide victims, communities, and offenders with opportunities for involvement in the justice process as early and as fully as possible. It also requires Alaskans to re-think the relative roles and responsibilities of the government and of the community. Restorative justice asks three questions:

- *What is the harm?*
- *What needs to be done to repair the harm?*
- *Who is responsible for this repair?*

Restorative justice works best when the offenders take responsibility for their crimes and the harm they caused victims; when offenders make amends by restoring losses; and when both communities and victims take active roles in the sanctioning process.

The goal of restorative justice is to re-establish healthy relationships among people. It not only makes offenders accountable for their actions, it gives them opportunities to make amends to their victims and to contribute to their communities—which builds competence, strengthens bonds with the community, and makes offenders less likely to commit crimes in the future.

Notes for Juvenile Crime

[1] Some states do not collect complete or comparable date on violent juvenile crime, so this indicator is not available for all states.

[2] Juveniles who commit certain violent crimes are charged as adults and go through the court system rather than the juvenile justice system; numbers of juveniles tried as adults are small.

[3] Personal communication from Roger Withington, former research analyst, Division of Juvenile Justice, Department of Health and Social Services, State of Alaska, September 28, 2001.

[4] J. L. Mahoney (2000). "School extracurricular activity participation as a moderator in the development of antisocial patterns," *Child Development*, 71(2), 502-516.

[5] P.L. Ellickson and K. A. McGuigan (2000). "Early predictors of adolescent violence," *American Journal of Public Health*, 90(4), 566-572.

[6] See note 5.

[7] See note 5. Also, State of California, Little Hoover Commission (September 1994). *The Juvenile Crime Challenge: Making Prevention a Priority*. Report #27. Available: www.lhc.ca.gov/lhcdir/127rp.html .

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